

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 11 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000004950

1. Corporation Name P0000004950
Better Business Trading - Inc.

W04000027283

2. Principal Office Address
10018 W. McNab Road

Suite, Apt. #, etc.
166

City & State
Tamarac

Zip
FI

Country
USA

3. Mailing Office Address

10018 West McNab Road

Suite, Apt. #, etc.
166

City & State
Tamarac FL 33321

Zip
FL 33321

Country
Broward.

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number 55-0989341

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Ruth Liverpool

Street Address (P.O. Box Number is Not Acceptable)
4974 N. UNIVERSITY DR.

Suite, Apt. #, Etc.
166

City
Tamarac

State
FL

Zip Code
33321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Ruth Liverpool

REGISTERED AGENT MUST SIGN

Date 6-1-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rose White	10018 West McNab Rd 5944 N.W. 55 LN Suite 166	TAMARAC, FL 33348 33321
A	Dmar White	1001 West McNab Rd Suite 166	Tamarac FL 33321
		REINSTATEMENT	01-04
			700038848257
			09/07/04-01003-002 **300.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Rose White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-04

Date

(850) 746-5011

Daytime Phone #

CR2E081 (01/04)

2012

**BETTER BUSINESS TRADING INC.
10018 WEST MCNAB ROAD
TAMARAC
FLORIDA
33319
PH :- 954-709-3003
FX :- 954-366-3385
E-MAIL :- rose33313@hotmail.com**

Dear Sir / Madam,

This is to inform you that i am requesting a waiver becaues i did not receive anual reports for 2001 to 2004

All papers were forwarded to the office of my accountant Ruth Liverpool 4974 N University Drive Suite 166 who did not file them.

I am asking for your kind attention to this matter,your help will be greatly appreciated.

Thanks in advance

RWhite
Rose White.