

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044950

1. Corporation Name

Better Business Trading Inc.
6801 NW 46th
Lauderhill FL 33319

2. Principal Office Address - No P.O. Box #

6801 NW 46th

Suite, Apt. #, etc.

City & State

Lauderhill

Zip

33319

Country

Broward

3. Mailing Office Address

6801 NW 46th

Suite, Apt. #, etc.

City & State

Lauderhill

Zip

FL

Country

Broward

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

11/05

5. FEI Number

65-0989341

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

Rose White

Street Address (P.O. Box Number is Not Acceptable)

6801 NW 46th Laudershill

Suite, Apt. #, Etc.

City

Laudershill

State

FL

Zip Code

33319

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Rose White

REGISTERED AGENT MUST SIGN

Date 01/14/08

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	6801 NW 46th Laudershill FL 33319	3300119551243 03/06/08-01017-024 **150.00
	A Omar White	6801 NW 46th Laudershill FL 33319	3300119551243 03/06/08-01017-025 **150.00

REINSTATEMENT
07-08

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 contained in Chapter 119, 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

Date 01/14/08

954-709-3003
Daytime Phone #