

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 9:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P00000076192

1. Corporation Name

BETTER MACHINE PRODUCTS, INC.

Principal Place of Business

Mailing Address

10164 RAMBLEWOOD DRIVE  
CORAL SPRINGS FL 33071

10164 RAMBLEWOOD DRIVE  
CORAL SPRINGS FL 33071

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

5415 NW 15 ST BAY 15

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

Zip

33063

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/11/2000

5. FEI Number

65-1031074

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PVTS	UBAQUE, ANIBAL N	10164 RAMBLEWOOD DRIVE	CORAL SPRINGS FL 33071
D	UBAQUE, ANIBAL N	10164 RAMBLEWOOD DRIVE	CORAL SPRINGS FL 33071

same person  
please delete  
one line

8. Name and Address of Current Registered Agent

BOSCH, JAIRO  
5440 NORTH STATE ROAD 7 SUITE 5  
FORT LAUDERDALE FL 33319

9. Name and Address of New Registered Agent

Name

ANIBAL N UBAQUE

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

10164 Ramblewood DR

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

ANIBAL N UBAQUE

REGISTERED AGENT, MUST SIGN

Date 10/10/06

11. 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:

ANIBAL N UBAQUE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANIBAL N UBAQUE

PRESIDENT

10/10/06 (954) 973-3040

Date

Daytime Phone #

CR2040 (7/03)