

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Nov 21, 2002 01066 028  
\$1500.00

02 DEC -5 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000001556

1. Corporation Name

BETTER BUILDING CONCEPTS, INC.

Principal Place of Business

4489 STURKIE AVE.  
PORT CHARLOTTE FL 33953

Mailing Address

4489 STURKIE AVE.  
PORT CHARLOTTE FL 33953

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/29/2000

Suite, Apt. #, etc.

4430 Sturkie Ave.

Suite, Apt. #, etc.

4430 Sturkie Ave.

City & State

City & State

5. FEI Number

65-1067255

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	PRESLER, THOMAS A	4489 STURKIE AVE.	PORT CHARLOTTE FL 33953
VD	PRESLER, WENDY A	4489 STURKIE AVE.	PORT CHARLOTTE FL 33953

8. Name and Address of Current Registered Agent

PRESLER, THOMAS A  
4489 STURKIE AVE.  
PT. CHARLOTTE FL 33953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date Nov 18, 2002

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)(l), 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:

SIGNATURE REQUIRED  
Thomas A Presler  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 18, 2002

Date

Daytime Phone #

(941)  
625-6656

CR2ED40 (8/02)