

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

04 NOV -9 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO1000117596

1. Corporation Name

Better Business Builders US, Inc.

2. Principal Office Address

1527 W. Carmen Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

3. Mailing Office Address

1527 W. Carmen Street

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33606

Country

USA

REINSTATEMENT

03-04

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

12/12/2001

5. FEI Number

260004531

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

Darrell Hancock

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

1527 W. Carmen Street

Suite, Apt. #, Etc.

City

Tampa

State
FL

Zip Code
33606

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

Darrell A. Hancock

REGISTERED AGENT MUST SIGN

Date 11-8-04

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	Darrell Hancock	1527 W. Carmen Street	Tampa, FL 33606

200042840872
11/17/04--01061--012 **900.00

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:

Darrell A. Hancock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-8-04

Date

813-695-2527

Daytime Phone #

CR2E081 (01/04)