

182
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -2 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000043291

1. Corporation Name

MOORE BETTER CONTRACTORS, INC.

2. Principal Office Address

6076 JAMESON CIRCLE

Suite, Apt. #, etc.

City & State

PACE, FL

Zip

32571

Country

USA

3. Mailing Office Address

SAME AS BLOCK 2

Suite, Apt. #, etc.

City & State

Zip

Country

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

4/24/02

5. FEI Number

01-0669518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

03-04
MRS

7. Name and Address of Current Registered Agent

Name

JO MOORE

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

6076 JAMESON CIRCLE

Suite, Apt. #, Etc.

City

PACE

State

FL

Zip Code

32571

6069467095516
02/16/05--01050--021 ** 50.00

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

Jon Moore

REGISTERED AGENT MUST SIGN

Date

31 JAN'05

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 | JO MOORE | 6076 JAMESON CIRCLE | PACE, FL 32571 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jo Moore
Jo Moore

Date

31 JAN'05

Daytime Phone #

850.484.6007

CR2E081 (01/05)

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BROWN, KIRKLAND & CAMPBELL, P.A.

Certified Public Accountants

7100 PLANTATION ROAD, SUITE 18
PENSACOLA, FLORIDA 32504
(850) 474-1536 / FAX (850) 484-7935

JERRY T. KIRKLAND
PAUL M. CAMPBELL

MICHAEL P. CAMPBELL
BERTON L. BROWN
(1935-1993)

January 20, 2005

*Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314*

*Re: Document #: P02000043291
Entity Name: Moore Better Contractors, Inc.*

Good Day:

Please grant a pardon to the above-named entity for not knowing about annual dues. The president of the corporation never received the annual report notice and as such, she was unaware of the annual fee requirement. I have enclosed the Corporation Reinstatement Form which has been signed by the president. Please accept payment of \$450.00 for the years 2003, 2004 and 2005 and return the corporation to an active status.

Thank you.

Sincerely,


Michael Campbell, CPA

encl.

*RECEIVED BY THE
DIVISION OF CORPORATIONS
JAN 24 2005*