

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 AUG 10 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000088494

1. Corporation Name

A BETTER MOVE INC.

2. Principal Office Address

1673 S SPRING GARDEN AVE

3. Mailing Office Address

1673 S SPRING GARDEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

Zip
32720

Country
USA

Zip
32720

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

8-15-2002

5. EEL Number

73-1654940

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

SMITH & RILEY CPA

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

120 E GEORGIA AVE

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32720

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

Date 8-7-06

REGISTERED AGENT MUST SIGN

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	DANIEL HICKEY	1673 S SPRING GARDEN AVE	DELAND, FL 32720
S/T	MEGHAN HICKEY	1673 S SPRING GARDEN AVE	DELAND, FL 32720

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08/10/06 01033 015 **1200.00

REINSTATEMENT 03-06 8/11/06

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:

Daniel Hickey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-7-06

Date

Daytime Phone #

386-
736-2492