

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000018544

FILED
Jul 21, 2005
Secretary of State

Entity Name: NEALS' BETTER LIVING SERVICES INC.

Current Principal Place of Business:

5641 MAPLE FOREST DRIVE
TALLAHASSEE, FL 32303

New Principal Place of Business:

195 DEER RIDGE CIRCLE
HAVANA, FL 32333

Current Mailing Address:

5641 MAPLE FOREST DRIVE
TALLAHASSEE, FL 32303

New Mailing Address:

195 DEER RIDGE CIRCLE
HAVANA, FL 32333

FEI Number: 75-3121476

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, TANYE
5641 MAPLE FOREST DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

NEAL, TANYE
195 DEER RIDGE CIRCLE
HAVANA, FL 32333 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TANYE NEAL

07/21/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Change (X) Addition
Name: NEAL, TANYE R
Address: 195 DEER RIDGE CIRCLE
City-St-Zip: HAVANA, FL 32333

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TANYE R NEAL

PD

07/21/2005

Electronic Signature of Signing Officer or Director

Date