## 2009 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000078145

Title:

Name:

Address:

City-St-Zip:

FILED Dec 16, 2009 Secretary of State

Entity Nar	me: BETTER	R DAYS INVESTMENTS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
10124 DEAN CHASE BLVD ORLANDO, FL 32825				3500 ALOMA AVE D-2 WINTER PARK, FL 32792			
Current Mailing Address:				New Mailing Address:			
P. O. BOX ORLANDO	678183 ), FL 32867						
FEI Number:	20-1132001	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
10124 DEA	JMBERTO D AN CHASE B ), FL 32825	_V US					
	named entity e of Florida.	submits this statement for the	purpose o	f changing i	ts registered	office or registered agent, or bot	h,
SIGNATUR	RE: HUMBE	RTO D JEREZ					
Electronic Signature of Registered Agent				Date			
		93(2)(b), F.S., the corporation did ing Trust Fund Contribution ( ).	not receive t	he prior notic	e.		
	S AND DIRE	• , ,		ADDITION	S/CHANGE	S TO OFFICERS AND DIRECTO	ORS:
Title: Name: Address: City-St-Zip:	P ( JEREZ, HUME 10124 DEAN ORLANDO, FI	CHASE BLVD		Title: Name: Address: City-St-Zip:	,	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	JEREZ-CORE	) Delete IERO, ESTABANA DN PARK BLVD - 32829		Title: Name: Address: City-St-Zip:	JEREZ-COR	(X) Change ( ) Addition DERO, ESTEBANA N PARK BLVD L 32829	
Title: Name: Address: City-St-Zip:				Title: Name: Address: City-St-Zip:	JEREZ-CAMI	(X) Change ( ) Addition POS, GUSTAVO CHASE BLVD :L 32825	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HUMBERTO D JEREZ P 12/16/2009

() Delete

( ) Change (X) Addition

SINCLAIR, NÎTZIA

2728 PARSLEE DR

ORLANDO, FL 32837