

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000166242

FILED  
Oct 06, 2005  
Secretary of State

Entity Name: BETTER WAY CONSULTING, INC.

**Current Principal Place of Business:**

1800 NE 114 STREET SUITE 2301  
N MIAMI, FL 33181

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NE 114 STREET SUITE 2301  
N MIAMI, FL 33181

**New Mailing Address:**

FEI Number: 20-3581982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HIRSCH, IRA  
12705 HICKORY RD  
N MIAMI, FL 33181 US

**Name and Address of New Registered Agent:**

HIRSCH, SAMUEL  
1800 NE 114 STREET SUITE 2301  
N MIAMI, FL 33181 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: SAMUEL HIRSCH

10/06/2005

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: P ( ) Delete  
Name: HIRSCH, SAMUEL  
Address: 1800 NE 114 STREET SUITE 2301  
City-St-Zip: N MIAMI, FL 33181

Title: VST ( ) Delete  
Name: HIRSCH, IRA  
Address: 12705 HICKORY RD  
City-St-Zip: N MIAMI, FL 33181

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VST (X) Change ( ) Addition  
Name: HIRSCH, IRA  
Address: 1800 NE 114 STREET SUITE 2301  
City-St-Zip: N MIAMI, FL 33181

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: IRA HIRSCH

VP

10/06/2005

Electronic Signature of Signing Officer or Director

Date