



2007 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|--|--|--|---|--|--|
| DOCUMENT # P04000171881 1. Entity Name BETTER MILES, INC. | | | |  | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 37 DEC -6 AM 10:48 | |
| Principal Place of Business 15541 S.W. 82ND COURT PALMETTO BAY, FL 33157 | | | | Mailing Address 15541 S.W. 82ND COURT PALMETTO BAY, FL 33157 | | | |
| 2. Principal Place of Business - No P.O. Box # 18620 BELMONT DR | | 3. Mailing Address PO BOX 565965 | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State MIAMI | | City & State MIAMI - FL | | | | | |
| Zip FL | | Country USA | | Zip 33256 | | Country USA | |
| 4. FEI Number 59-3790520 | | | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PELAEZ, NATALIA 15541 S.W. 82ND COURT PALMETTO BAY, FL 33157 | | | | 7. Name and Address of New Registered Agent Name CECILIA AIMEE LOPEZ Street Address (P.O. Box Number is Not Acceptable) 18620 BELMONT DR City MIAMI FL Zip Code 33157 | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Natalia Pelaez</i></u> 12/5/07 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPTS PELAEZ, NATALIA <input checked="" type="checkbox"/> Delete 15541 S.W. 82ND COURT PALMETTO BAY, FL 33157 | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DPTS CECILIA AIMEE LOPEZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 18620 BELMONT DR. MIAMI FL 33157 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 100113158001 12/14/07--01045--009 **150.00/ | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 12/14/07 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | |
| SIGNATURE: <u><i>Natalia Pelaez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | | | |