

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -5 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000089540

1. Corporation Name

Betty's Inc.
157 Fardon Circle
Port Charlotte Fl.
33954

800188744978
12/16/10--01023--002 **300.00

800188744978
01/05/11--01037--003 **150.00

2. Principal Office Address - No P.O. Box #

157 Fardon Circle

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte Fl.

City & State

Zip

Country

Zip

Country

33954

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

421672985

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (6/10)

7. Name and Address of Current Registered Agent

Name Betty's Inc. Betty Stuart

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

157 Fardon Circle

Suite, Apt. #, Etc.

City

Port Charlotte

State

FL

Zip Code

33954

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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

[Signature]

Date 12/13/10

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	<u>Betty Stuart</u>	<u>157 Fardon Circle</u>	<u>Port Charlotte Fl 33954</u>
S	<u>Betty Stuart</u>		
V/P	<u>Betty Stuart</u>		
T	<u>Betty Stuart</u>		
M	<u>Manger</u>		

10. E-mail Address: bjs 20@ymail.com

(To be used for future annual report notification)

11. 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. I further certify 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12.13.10

Daytime Phone #

P.F. 2155