

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 OCT 23 AM 9:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**1. Corporation Name**

Better Way Realty Services, INC.  
P06000143982

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

374 So. Atlantic Ave

Suite, Apt. #, etc.

Ste A-1

City & State

Ormond Beach

Zip

32176

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

FL

Zip

Country

USA

CR2E081 (1/07)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-15-06

**5. FEI Number**

56-2631489

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

JOSEPH S. PALMER

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

9 SANDPOINT CIRCLE

Suite, Apt. #, Etc.

ORMOND BEACH

City

State

FL

Zip Code

32174

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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

Joseph S. Palmer

REGISTERED AGENT MUST SIGN

Date 10-18-07

**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
VP	JOHN E. BAILEY	6052 Sabal Hammock Dr	Port Orange FL 32128

600111196375  
10/23/07--01022--018 \*\*150.00

**10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:**

Joseph S. Palmer

JOSEPH S. PALMER

10/18/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-279-2449

## **BETTER WAY REALTY SERVICES, INC.**

October 18, 2007

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Ref: Better Way Realty Services, Inc. No. P06000143982

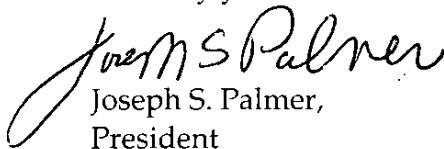
To Whom It May Concern;

We incorporated in November, 2006. For some reason, we did not receive an annual report renewal card. It wasn't until we received notice that this corporation was dissolved that we knew there was a problem.

We respectfully ask that our corporation be reinstated and to have waived the additional fees. Enclosed please find a check for \$150.00 in hopes that this request will be honored by the Division of Corporations.

Thank you sincerely for this consideration.

Sincerely yours,

  
Joseph S. Palmer,  
President