

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 FEB 25 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 940000 68963

1. Corporation Name

Better Buys Inc.

2. Principal Office Address

30674 U.S. Highway 19N

Suite, Apt. #, etc.

City & State

Palm Harbor, FL

Zip

34684

Country

U.S.A.

3. Mailing Office Address

16 Spring Valley St

Suite, Apt. #, etc.

City & State

Manchester, N.H.

Zip

03104

Country

U.S.A.

REINSTATEMENT

99-00

4. Date Incorporated or Qualified To Do Business in Florida

9/19/94

5. FEI Number

65-0587056

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

Audra Mc Donie

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

10878 Cabbage Pond Court

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32257

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

Audra Mc Donie

Date

2/23/00

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
Pres/Sec	Douglas Hill	16 Spring Valley St.	Manchester, N.H. 03104

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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 under section 119.07(3)(i), 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:

Douglas Hill Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/00

Date

Daytime Phone #

RE

CR2E081 (9/99)

2



ACCOUNT NO. : 072100000032
REFERENCE : 593453 4728874
AUTHORIZATION : *Patricia Pizut*
COST LIMIT : \$ 908.75

ORDER DATE : February 17, 2000
ORDER TIME : 11:48 AM
ORDER NO. : 593453-005
CUSTOMER NO: 4728874
CUSTOMER: Susan Mckee, Legal Assistant
Stichter Riedel Blain &
Suite 200
110 East Madison Street
Tampa, FL 33602-4700

DOMESTIC FILINGS

NAME: BETTER BUNS INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom
EXAMINER'S INITIALS KE

RECEIVED
00 FEB 25 PM 12:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA