

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 FEB 25 PM 1:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

REGISTERED AGENT MUST SIGN

Date

2/23/00

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

500003147725--5

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 #

KE

2



ACCOUNT NO. : 072100000032

REFERENCE : 593453 4728874

AUTHORIZATION : *Patricia Pigut*

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