- <u>-</u>	PLEASE READ	FLORID	RUCTIONS A DEPARTMENT Sandra B. Mor Secretary of S IVISION OF CORPOR	NT OF STATE tham State	1		pg. 192-	
DOCUMENT # P94000073082  1. Corporation Name  BETTER BUSINESS BROKERS OF PONTE VEDRA INC.						97 OCT 29 AM 10: 39  SECRETARY OF STATE TALLAHASSEE, FLORIDA		
9130 BAYN SUTIE 310 JACKSONV US	lace of Business  MEADOWS CIRCLE WEST  ALLE FL 32256  addresses are incorrect in any way, linc thi	UN DRIVE DA BEACH FL 32062  Information and enter correction below.			1			
2. New Pri	incipal Office Address, If Applicable	3. New Malling Office Address, If Applicable			Date Incorp     To Do Busin	orated or Qualified ness in Florida	10/03/1994	
Suite, Apt.		Suite, Apt. #, etc.			5. FEI Number			
City & State		City & State			59-327154		Not Applicable	
Zip	Country	Zip	Country	у	6. CERTIFICATE	E OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Names	and Street Addresses of Each Officer and	or Director (Flo						
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		l Numbers)	City / State / Zip			
P	WARWIN, ROBERT M. McGINTY, ROBERT	M.— ROBERT P. 9130 BAYME SUITE 108			WS Circle W JAKCSONVILLE FL			
-PTS					WS CIRCLE WEST, STE JACKSONVILLE FL-			
	8. Name and Address of Current	Realstered Age	nt			100023- -11/10/97 ****165,	10 29 97	
MCGINTY, ROBERT P							8977	
8130 (	BAYMEADOWS CIRCLE WEST		Street Address (P.O. Box Number Is Not Acceptable)  Suite Ant # Etc					
SUTIE 310 JACKSONVILLE FL 32256				Suite, Apt. #, Etc.				
				City State Zip Code				
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent								
12. 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 filling 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:  Robert P. McGinty  Daytime Phone #								







October 28, 1997

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FI 32399

RE: Better Business Brokers of Ponte Vedra, Inc. #P94000073082

Dear Sir,

In accordance with my conversation with your office this morning, enclosed is a check for \$165.00 to replace the original check sent with the Annual Corporation Report which was filed in April of 1997 for the above referenced corporation. Also included is the application for reinstatement.

Please update your records to reflect that this corporation timely filed the Annual Corporation Report for 1997 this past April, and submitted a check with the report. Additionally, please refund the annual fee if the original check has already been deposited, but misapplied.

Thank you for your assistance in this matter. If you need any additional information, please contact me at 904-733-7757.

m Though

Sincerely,

Robert P. McGinty

