

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 JUL 16 PM 3:49

DOCUMENT # P95000083549

1. Corporation Name

Better Books + Taxes, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1170 CREEK AVENUE
ORLANDO FL 32825

000002241140--9
-07/18/97--01055--003
***315.00 ***315.00

000002241140--9
-07/18/97--01055--004
***600.00 ***600.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1170 CREEK AVENUE

SAME AS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ORLANDO FLORIDA

City & State

Zip
32825

Country
USA

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/1/95

5. FEI Number

59-3341346

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPT's	Theresa L. DAVIES	1170 CREEK AVENUE	ORLANDO FL 32825

REINSTATEMENT

96-97

A. Alan

7/16/97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Theresa L. DAVIES

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

1170 CREEK AVENUE

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32825

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

Theresa L. Davies

REGISTERED AGENT MUST SIGN

Date

7-10-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

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 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:

Theresa L. Davies

Theresa L. Davies

Date

Daytime Phone #

President

7-10-97

407-282-9394

CR2040 (12/96)