PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000085081

1. Corporation Name

BETTER PROPERTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business

SIGNATURE:

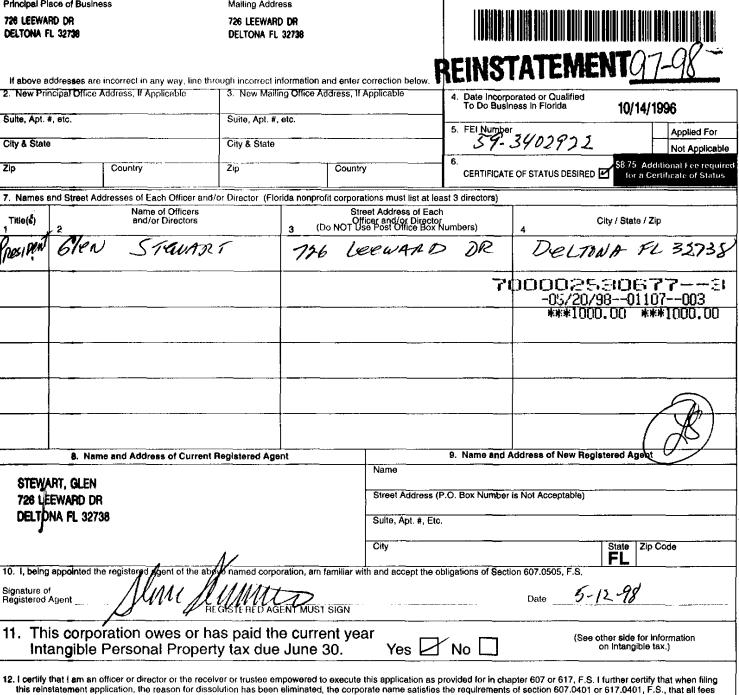
Mailing Address

FILED

98 MAY 15 AM 10: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

5-12-98 407 860-0033 Date Daytime Phone #



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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR