PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN 16 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020231

02-03

1. Corporation Name
BETTER BUY AUTO SALES INC.

2. Principal Office Address	**3.** Mailing Office Address
2800 N. WASHINGTON	PO BOX 10850
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: BRADENTON FL
Zip: 34234 Country: USA	Zip: 34282 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 3-2-98

5. FEI Number: 65 0452318 ☐ 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: MICHAEL HARLAN
400001043944
01/16/03--01016--014 **90.00

Street Address (P.O. Box Number is Not Acceptable): 2800 N. WASHINGTON BLVD.

Suite, Apt. #, Etc.:

City: SARASOTA State: FL Zip Code: 34234

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: _____ Date: 9-24-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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	MICHAEL HARLAN	6027 ROLLINS	BRADENTON FL 34207
VP	JOHN HARLAN	3425 HAMMOCK	LEESBURG FL

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: _____ (MICHAEL HARLAN) 9-24-02 941 360 8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #