PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUN -9 PM 1:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000063682

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05/25/04--01037--019 **400.00

1. Corporation Name

BETTY & US, INC.

W04000 14476

REINSTATEMENT 02-04

4/9/04 01029 010 750

2. Principal Office Address	**3.** Mailing Office Address
9320 SW 41 TERR	9320 SW 41 TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33165 Country: US	Zip: 33165 Country: US

4. Date Incorporated or Qualified To Do Business in Florida 07/20/1998

FEI Number: 650855867 ☐ 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: EVARISTO A. DURAN

Street Address (P.O. Box Number is Not Acceptable): 9320 SW 41 TERR

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33165

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 04/02/2004

REGISTERED AGENT MUST SIGN

CR2E011 (01/04)

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
PD	EVARISTO A. DURAN	9320 SW 41ST TERR	MIAMI, FL 33165
SD	MAYDA CABO	9320 SW 41ST TERR	MIAMI, FL 33165

02-04

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: _____ 4-5-04 (305)2255507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #