

PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED

Nov 20, 2002 8:00 A.M.
Secretary of State

CORPORATION
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

Better Built Transmission, INC

REINSTATEMENT

02

Doc #

P 99000064067

Sales Tax

46-00-094573-26-2

2. Principal Office Address

13081 Metro pkwy

Suite, Apt. #, etc.

#9

City & State

Ft Myers, FL

Zip

33912

Country

USA

3. Mailing Office Address

13081 Metro pkwy

Suite, Apt. #, etc.

#9

City & State

Ft Myers FL

Zip

33912

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

7-12-99

5. FEI Number

65-0936147

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

Mike Messier

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

14561 W Hal Court

Suite, Apt. #, Etc.

City

Ft Myers

State
FL

Zip Code

33905

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

Mike Messier

REGISTERED AGENT MUST SIGN

Date

11-18-02

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
Pr/s	Mike Messier	14561 W Hal Court	Ft Myers, FL 33905

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:

Mike Messier

11-18-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2081 (9/01)