

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -6 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/12/04--01028--012 **297.50

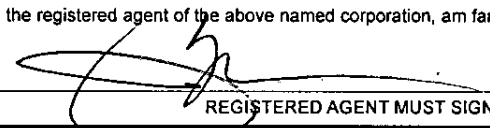
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N01000002198 1. Corporation Name CITIZENS FOR BETTER SCHOOLS, INC.			
2. Principal Office Address One South School Ave. Suite, Apt. #, etc. Suite 301 City & State Sarasota, Florida Zip 34237		3. Mailing Office Address One South School Ave. Suite, Apt. #, etc. Suite 301 City & State Sarasota, Florida Zip 34237	

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 03/29/2001	
5. FEI Number 65-1098521	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Name and Address of Current Registered Agent		
Name Russell, Jeffrey S.		
Street Address (P.O. Box Number is Not Acceptable) 240 South Pineapple Avenue		
Suite, Apt. #, Etc. 10th Floor		
City Sarasota	State FL	Zip Code 34236

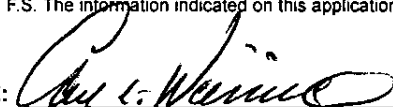
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 9/27/04

REGISTERED AGENT MUST SIGN

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
DP	Weinrich, Carl	One S. School Ave.#301	Sarasota, FL 34237
DV	Richardson, Robert	One S. School Ave.#301	Sarasota, FL 34237
DST	Derr, Fred	One S. School Ave.#301	Sarasota, FL 34237

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:  Carl Weinrich, Pres. 10/04/04 941-951-2916

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

CR2E081 (07/04)