

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P99000058372**

1. Corporation Name

A BETTER CHOICE MARKETING, INC.

Principal Place of Business

2360 HAZELWOOD LANE
 CLEARWATER FL 33763

Mailing Address

2360 HAZELWOOD LANE
 CLEARWATER FL 33763

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/25/1999

5. FEI Number

59-3585046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PASHOIAN, STEPHEN	2360 HAZELWOOD LANE	CLEARWATER FL 33763
V	PASHOIAN, WENDY	2360 HAZELWOOD LANE	CLEARWATER FL 33763

400024796204
 11/18/03--01024--004 **750.00

8. Name and Address of Current Registered Agent

PASHOIAN, STEPHEN
 2360 HAZELWOOD LANE--
 CLEARWATER FL 33763

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL
	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 14 Nov 03

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Wendy L. Pashoian 14 Nov 03 727 669 0000

Date

Daytime Phone #

CR2ED40 (7/03)