

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**

*Handwritten signature*

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

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**

**REINSTATEMENT 2003**

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

*Handwritten signature of Stephen Pashoian*  
**14 Nov 03**

REGISTERED AGENT MUST SIGN

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

*Handwritten signature of Wendy L. Pashoian*  
**14 Nov 03 727 669 004**

Date

Daytime Phone #

CR2ED40 (7/03)