Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000257012 3)))

H10000257012 3ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
NATIONAL ASSOCIATION FOR BETTER LIVING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$236.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2010 NOV 30 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F08000005258

1. Corporation Name

National Association for Better Living, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
14785 Preston Rd.	14785 Preston Rd.
Suite, Apt. #, etc Suite 1000	Suite, Apt. #, etc Suite 1000
City & State Dallas, Texas	City & State Dallas, Texas 75254
Zip: 75254 Country: USA	Zip: 75254 Country: USA

CR2E083 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/2002

5. FEI Number: 76-0717641 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

REINSTATEMENT

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

Signature of Registered Agent: Chris McNeair

REGISTERED AGENT

Assistant Secretary

Date: 11/30/2010

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
Pres.	Michael B. Lester	14785 Preston Rd., Suite 1000	Dallas, Texas 75254
Sec.	William Lester	14785 Preston Rd., Suite 1000	Dallas, Texas 75254
Tres.	Larry K. Anders	14785 Preston Rd., Suite 1000	Dallas, Texas 75254

10. E-mail Address: dennis.delaune@summitalliance.net
(To be used for future annual report notification)

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. I further certify 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: Michael B. Lester 11/30/2010 972-247-5300

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