

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000011954

FILED  
Oct 14, 2009  
Secretary of State

**Entity Name:** YOU KNOW BETTER YOU DO BETTER, INC.

**Current Principal Place of Business:**

2761 NW 26TH ST.  
FORT LAUDERDALE, FL 33311

**New Principal Place of Business:**

**Current Mailing Address:**

2761 NW 26TH ST.  
FORT LAUDERDALE, FL 33311

**New Mailing Address:**

**FEI Number:** 11-3831066      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LOFTON, KERTRIA  
2761 NW 26TH STREET  
FT LAUDERDALE, FL 33311      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KERTRIA LOFTON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT      ( ) Delete  
Name: LOFTON, KERTRIA  
Address: 2761 NW 26TH ST.  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: PD      ( ) Delete  
Name: MCCARTHY, CYNTHIA  
Address: 4911 SW 11TH CIR  
City-St-Zip: MARGATE, FL

Title: CD      ( ) Delete  
Name: PARKER, KAREN  
Address: 3471 NW 5TH ST  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: S      ( ) Delete  
Name: BOZEMAN, MARILYN  
Address: 1012 NW 11TH PLACE  
City-St-Zip: FT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERTRIA LOFTON

DIRE

10/14/2009

Electronic Signature of Signing Officer or Director

Date