
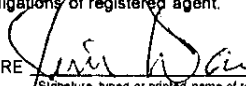


# 2015 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


APPROVED  
AND  
FILED

15 NOV -6 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| DOCUMENT # N12000009424   |   |  |   |    |  |
| 1. Entity Name<br>LIFE GOT BETTER FOUNDATION, INC   |   |  |   |   |  |
| Principal Place of Business<br>752 TRAM RD<br>TALLAHASSEE, FL 32311   |   |  | Mailing Address<br>PO BOX 5928<br>TALLAHASSEE, FL 32314 |   |  |
| 2. Principal Place of Business - No P.O. Box #  |   | 3. Mailing Address                         |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                        |   |   |  |
| City & State  |   | City & State                               |   |   |  |
| Zip   | Country   | Zip  | Country   | 4. FEI Number<br>46-1051928   |  |
| 6. Name and Address of Current Registered Agent<br><br>DAVIS, JAMES A<br>752 TRAM RD<br>TALLAHASSEE, FL 32311   |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |   |  |   |   |  |
| SIGNATURE  11/6/2015<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |   |  |   |   |  |
| FILE NOW!!! FEE IS \$236.25<br>After January 1, 2016, Fee will be \$297.50  |   |  |   | Make check payable to<br>Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>DAVIS, JAMES A<br>PO BOX 5928<br>TALLAHASSEE, FL 32314         | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | 600278884646<br>11/06/15--01003--005 **238.75   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>ONEAL, DEDRA A<br>PO BOX 37155<br>TALLAHASSEE, FL 32315       | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SEC<br>WRIGHT, RODNER<br>675 LITCHFIELD RD<br>TALLAHASSEE, FL 32312 | <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  11/6/15 dedra.oneal@gmail.com  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date E-MAIL ADDRESS