

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N48969**

1. Corporation Name

**CITIZENS FOR A BETTER GOVERNMENT, INC.**

Principal Place of Business

Mailing Address

307 62ND AVENUE NORTH  
STE 1940  
SAINT PETERSBURG FL 33701  
US

307 62ND AVENUE NORTH  
ST. PETERSBURG FL 33702

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

05/19/1992

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875 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
PSTD	MARTIN, RICHARD E	307 62ND AVE. N.	ST. PETERSBURG FL 33702
D	SMITH, DONNA	307 62ND AVE NO.	ST. PETERSBURG FL 33702
<del>D</del>	<del>MARTIN, MARY J</del>	<del>1040 81ST TERR NE</del>	<del>ST. PETERSBURG FL 33704</del>
D	Les White	307 62nd Ave N	St. Petersburg Fl 33702
			300005193013--6 -04/04/02--01067--021 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

MARTIN, RICHARD E  
307 62ND AVENUE NORTH  
ST. PETERSBURG FL 33702

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.

Signature of  
Registered Agent

*Richard Martin*

Date

12/19/01

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.

AD

SIGNATURE:

*Richard Martin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/19/01

Daytime Phone #

(727) 525-8833