


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N48969 1. Entity Name CITIZENS FOR A BETTER GOVERNMENT, INC.	
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Principal Place of Business 307 62ND AVENUE NORTH STE 1940 SAINT PETERSBURG, FL 33701 US	Mailing Address 307 62ND AVENUE NORTH ST. PETERSBURG, FL 33702
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED

04 NOV -1 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10292004 REIN-NP CR2E099 (6/04)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$61.25 After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PSTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, RICHARD E			NAME	800042364538		
STREET ADDRESS	307 62ND AVE. N.			STREET ADDRESS	11/01/04--01076--006 **\$61.25		
CITY-ST-ZIP	ST. PETERSBURG, FL 33702			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, DONNA			NAME			
STREET ADDRESS	307 62ND AVE NO.			STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33702			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, LES			NAME			
STREET ADDRESS	307 62ND AVE NO.			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 33702			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* 10-28-01 505 8833 727.521.1111

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