

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kathleen S. Kane
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR -4 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000003284**

1. Corporation Name

A CHANGE FOR THE BETTER, INC.

Principal Place of Business

Mailing Address

22890 SW 65 AVE.

SAME

**#C
BOCA RATON FL 33428**

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

6-25-97

5. FEI Number

65-0762508

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SUSAN SPAW	22890-C SW 65 AVE	BOCA RATON FL 33428
T	CHRISTIAN SPAW	22890-C SW 65 AVE	BOCA RATON FL 33428
T	GARY SPEAR	22850-D SW 13 PL	BOCA RATON FL 33428

200002794892-1-9

-03/03/99-01087-003

******122.50 ****122.50**

8. Name and Address of Current Registered Agent

**SUSAN SPAW
22890 S.W. 65 AVE
#C
BOCA RATON, FL 33428**

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

Susan Spaw

REGISTERED AGENT MUST SIGN

Date

Feb 12, 1999

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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. and 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.

SIGNATURE:

Susan Spaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

February 12, 1999
561-451-4182

CR2E081 (12/96)

DO NOT DETACH

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I would appreciate it if you could waive the additional fee as I did not receive the original paperwork due to wrong address.

Sincerely,
Susan Spaw
561-451-4182