

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000121204

1. Corporation Name

A BETTER CHOICE CREMATION SERVICES, INC.

Principal Place of Business

Mailing Address

8158 MYSTIC HARBOR CIR
BOYNTON BEACH FL 33436

8158 MYSTIC HARBOR CIR
BOYNTON BEACH FL 33436

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

11/13/2002

5. EEI Number

22-3883932

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	TELESCA, MARK	8158 MYSTIC HARBOR CIR	BOYNTON BEACH FL 33436

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TELESCA, MARK
8158 MYSTIC HARBOR CIR
BOYNTON BEACH FL 33436

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. or 617.0505, F.S.

Signature of
Registered Agent

Date

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MARK J. TELESCA

11/4/03

(561)
736-3335

CR2E040 (7/03)



"Our Family Serving Your Family"

A Better Choice Cremation Service


November 3, 2003

Division of Corporations
Annual Report / reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern,

I incorporated myself in November of 2002. My company didn't actually open until February of 2003. I was unaware of this report or its fee. I never received a first notice and the second noticed was sent to my house (not my business) on a week when I was away. My neighbor took in my mail while I was away and misplaced a few pieces of it. This noticed was found on November 1, 2003. I called my lawyer immediately and he suggested that I send you the \$150.00 fee along with this explanation. I also called the (850) number on your form, and they suggested I do the same. Please be assured that this will never happen again. As I stated, I am a new company and was unaware. I look forward to hearing from you soon.

Thank You.



Mark J. Telesca