

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FILED

05 DEC 30 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (8/05)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000110689

1. Corporation Name

BETTER HEARING OF FLORIDA INC
4700 MESA VERDE DR
ST CLOUD FL 34769-1625

2. Principal Office Address

4700 MESA VERDE DR

Suite, Apt. #, etc.

City & State

ST CLOUD FL

Zip

34769

Country

U.S.A.

3. Mailing Office Address

4700 MESA VERDE DR

Suite, Apt. #, etc.

City & State

ST CLOUD FL

Zip

34769

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

OCT 7 04

5. FEI Number

56-2403158

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHERYL A MARVIN

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

4700 MESA VERDE DR

Suite, Apt. #, Etc.

City

ST CLOUD FL

State

FL

Zip Code

34769

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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Cheryl A. Marvin
REGISTERED AGENT MUST SIGN

Date 12-19-05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	CHERYL A. MARVIN	4700 MESA VERDE DR	ST. CLOUD FL 34769
Vice Pres	MARK J. MARVIN	4700 MESA VERDE DR	ST. CLOUD FL 34769

10. 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

Cheryl A. Marvin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-19-05

Daytime Phone #

321-766-7327

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12/19/05

Department Of State
Division of Corporations
P. O. Box 6327
Tallahassee Fl 32314

To Whom It May Concern:

I was not aware of any annual filing I have missed, upon calling the state to find out some information regarding another matter, I was told my Company was being dissolved and that I needed to file a reinstatement and send this letter along with the sum of \$300.00 to cover the years ~~1994~~ & ~~1995~~. Please find the enclosed application and check for \$300.00 to reinstate Better Hearing Of Florida Inc. Please feel free to contact me at 321-766-7327 with any questions, thank you for your assistance in this matter.

Sincerely,


Cheryl A Marvin
Better Hearing Of Florida Inc