

FILED

07 SEP 21 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

Better Health USA, Inc.

3. Mailing Office Address
6801 Powerline Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

Zip
33309

Country
USAZip
33309Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 07/12/95

5. FEI Number
650594160

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: **Jeffrey Zavik**

Street Address (P.O. Box Number is Not Acceptable)
6801 Powerline Road

Suite, Apt. #, Etc.

City
Fort Lauderdale,

State	Zip Code
FL	33309

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

Date Sept 17 2007

~~REGISTERED AGENT MUST SIGN~~

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
PTD	Jeffrey Zavik	6801 Powerline Road	Fort Laud, FL 33309
VPSD	Cheryl Zavik	6801 Powerline Road	Fort Laud, FL 33309
			<div data-bbox="977 1587 1425 1644"> 700109771907 09/21/07--01055--020 **459.75 </div>
	<div data-bbox="138 1677 829 1791"> REINSTATEMENT RH </div>	0907	

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 contained in Chapter 119, 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:

Jeffrey Zavik

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 7/10/01 Daytime Phone # _____



7777 GLADES ROAD
SUITE 300
BOCA RATON, FLORIDA 33434
TELEPHONE: 561.483.7000
FACSIMILE: 561.483.7321
www.broadandcassel.com

ELAINE M. HULEN, LEGAL ASSISTANT
DIRECT LINE: (561) 883-8964
EMAIL: ehulen@broadandcassel.com

September 18, 2007

CERTIFIED MAIL/RETURN RECEIPT

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**RE: Better Health USA, Inc.
Document No. P95000053510**

Dear Sir/Madam:

I am enclosing for filing on behalf of the above entity an original and one photocopy of the Corporation Reinstatement form along with our client's check in the amount of \$458.75 which represents the Annual Report fee of \$150 for the last three years and an additional \$8.75 for a Certificate of Status.

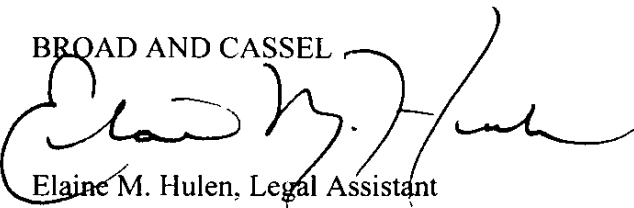
Please note that we are asking that the reinstatement fee be waived due to the fact that prior notices were not received by the corporation.

After filing the above, please date-stamp and return the photocopy to my attention in the envelope provided along with the Certificate of Status.

If you should have any questions, please do not hesitate to contact me directly at (561) 883-8964. Thank you.

Sincerely yours,

BROAD AND CASSEL



Elaine M. Hulen, Legal Assistant

/EMH

Enclosures

cc: Mr. Jeffrey Zavik
Carl S. Rosen, P.A.