

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

7

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1997 DEC 10 PM 4: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR  
REINSTATEMENT



DOCUMENT # P95000058145

1. Corporation Name  
THE BETTER EDGE INC.

Principal Place of Business  
10811 S.W. 48 TERR.  
MIAMI 33 33165  
US

Mailing Address  
5910 S.W. 94 CT.  
MIAMI 33 33173  
US

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/27/1995	
City & State		City & State		5. FEI Number 65-0661493	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	JACOB, MIKE	10811 S.W. 48TH TERRACE	MIAMI FL 33165

300002373753--6  
-12/16/97--01092--007  
\*\*\*\*165.00 \*\*\*\*165.00

12/10/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
WATNICK, HARVEY 2701 S. BAYSHORE DRIVE, SUITE 315 COCONUT GROVE FL 33133		Name MICHAEL A. JACOBS Street Address (P.O. Box Number is Not Acceptable) 10811 SW 48th Terr Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33165	

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 *[Signature]* Date 11/6/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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., 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
Daytime Phone #

CR2040 (9/97)



THE BETTER EDGE INC.  
10811 SW 48 TERR.  
MIAMI FLA. 33165  
305-598-3343

October 31, 1997

Fla. Dept of State  
DIVISION OF CORPORATION.  
PO BOX 6327  
TALLAHASSEE FLA. 32314

TO WHOM THIS MAY CONCERN  
ON BEHALF OF MY MOVE IN 1997 I NEVER RECIVED MY ANUAL REPORT  
TO KEEP MY CORP. IN ACTIVE STATIS ENCLOSED IS MY NEW ADDRESS OF MY CORP  
PLEASE MAKE NOTE OF THIS AND WE WILL NOT HAVE THIS PROBLEM AGAIN  
ALSO ENCLOSED IS A CHECK FOR 165.00 DOLLARS FOR THE FEES THAT I OWE.

Sincerely,

  
Michael Jacobs