

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

\$1050.00

APPLICANT
REINSTATEMENT



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

07/27/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0661493

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	JACOB, MIKE	10811 S.W. 48TH TERRACE	MIAMI FL 33165
			300003493139--5
			-12/11/00--01029--020
			***1058.75 ***1058.75
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JACOBS, MICHAEL
10811 SW 48TH TERRACE
MIAMI FL 33165

Name **JACOBS MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)
10811 SW 48 Terr

Suite, Apt. #, Etc.
MIAMI FLA.

City

State

Zip Code

FL

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 REQUIRED
Michael Jacobs
REGISTERED AGENT MUST SIGN

Date **11/06/2000**

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 REQUIRED
Michael Jacobs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **11/06/2000**

Daytime Phone # **305 598-3343**

CR2E040 (9/98)