

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC -9 PM 2:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400009422494  
12/09/02--01085--005 \*\*158.75

CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

A Better Choice Marketing Inc.  
P99000058372  
593585046

2. Principal Office Address

2360 HAZELWOOD LN

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33763

Country

USA

3. Mailing Office Address

2360 HAZELWOOD LN

Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33763

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/28/99

5. FEI Number

593585046

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

Additional Fees: \$5.00  
For Certified Copies of Records

7. Name and Address of Current Registered Agent

Name

Stephen H. Pashoian

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

2360 HAZELWOOD LN

Suite, Apt. #, Etc.

City

Clearwater

State  
FL

Zip Code

33763

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/06/02

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	Stephen Pashoian	2360 HAZELWOOD LN Clearwater, FL 33763	Clearwater, FL 33763
VP	Wendy Pashoian	2360 HAZELWOOD LN	Clearwater, FL 33763

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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/06/02

Daytime Phone #

727-723-2332

12/10

**A Better Choice  
Marketing Inc.**

2360 Hazelwood Ln  
Clearwater, FL 33763

December 6, 2002

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

Dear Sir or Madam:

Attached you will see my application for reinstatement for my company EIN: 593585046. I recently discovered it had been dissolved. I have not received any notices what so ever to this regard. If you believe you have sent previous notices, they were not received by myself, my staff, or my company. I have enclosed a check for \$158.75, the original filing fee and certificate of status. I would like this processed, and my company reinstated immediately. If you have questions you can reach me at 727-723-2332.

Sincerely,



Stephen Pashoian  
President  
AbetterChoice Marketing