


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V00307					
1. Corporation Name BETTER HEARING SVCS INC (SERVICES)					
2. Principal Office Address 1312 W. WATERS AVE #1			3. Mailing Office Address SAME		
Suite, Apt. #, etc. #1			Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State		
Zip 33604	Country USA	Zip 33604	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 12/16/91	
5. FEI Number 593100832				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name NOREEN FRANS 600005193328--9					
Street Address (P.O. Box Number is Not Acceptable) 2312 W. WATERS AVE #1 -04/04/02--01073--020					
Suite, Apt. #, Etc. SUITE #1 ***1050.00 ***1050.00					
City TAMPA				State FL	Zip Code 33604
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 Noreen Frans				Date 3-14-02	
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	
P.	NOREEN FRANS	17604 FALLOWFIELD DR		LUTZ, FL. 33549	
V. Pres.	E. EDWARD FRANS	17604 FALLOWFIELD DR		LUTZ, FL 33549	
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: Noreen Frans				Date 3-14-02 813-935-3446	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

FILED
02 MAR 20 PM 4:20
SEC. OF STATE
TALLAHASSEE, FL.

CR2E081 (9/01)