

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F00000002152

1. Corporation Name

BEST TEMPS, INC.

Principal Place of Business

4804 SHADY CREEK LANE
COLLEYVILLE TX 76034

Mailing Address

4804 SHADY CREEK LANE
COLLEYVILLE TX 76034

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2000

5. FEI Number

75-2804326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 13 PM 3:03



REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	FRY, PATRICIA	4804 SHADY CREEK LANE	COLLEYVILLE TX 76034
V	WILLIAMS, EUGENE D	4804 SHADY CREEK LANE	COLLEYVILLE TX 76034
ST	TURNER, MARK	4804 SHADY CREEK LANE	COLLEYVILLE TX 76034
ASAT	ELDERR, BRANDI	4804 SHADY CREEK LANE	COLLEYVILLE TX 76034

3000004706139--6
-12/05/01--01057--003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

Michael E. Jones
Assistant Secretary

Date

10/31/01

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Leon Turner

10/31/01

(817) 267-6090

Date

Daytime Phone #

REGISTERED NOV 29 2001