

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV 27 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000057173

1. Corporation Name
DANIEL M. BEST, INC.

900004698199--0
-11/29/01--01046--002
****758.75 ****758.75

2. Principal Office Address 6505 CABALLERO Blvd		3. Mailing Office Address SAME	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State CORAL GABLES FL		City & State	
Zip 33146	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/05/2000	
5. FEI Number 65-1024405	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name MICHAEL A. RUBIN, ESQ		
Street Address (P.O. Box Number is Not Acceptable) 420 S. DIXIE HIGHWAY		
Suite, Apt. #, Etc. SUITE 4-B		
City CORAL GABLES	State FL	Zip Code 33146

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] Date: 11/26/2001

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
PVST	DANIEL M. BEST	6505 CABALLERO Blvd	CORAL GABLES, FL 33146
D	DANIEL M. BEST	6505 CABALLERO Blvd	CORAL GABLES, FL 33146

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)(f), 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] Date: 11/26/2001 Daytime Phone #: 786-412-9848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/00)