

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 AUG 28 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000080238

1. Corporation Name

BESTY ENTERPRISES, INC.

900159778139
08/20/09--01044--008 **450.00

REINSTATEMENT 02-09
CR2E881(12/08)

2. Principal Office Address - No P.O. Box #

36436 US 19N

Suite, Apt. #, etc.

3. Mailing Office Address

8602 Little Rd

Suite, Apt. #, etc.

City & State

PALM HARBOR

City & State

New Port Richey

Zip

34684

Country

US

Zip

34654

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

7/22/03

5. FEI Number

200116369

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

PAUL REST

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

9838 LAKEVIEW DR

Suite, Apt. #, Etc.

City

New Port Richey

State

FL

Zip Code

34654

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 8/12/09

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
VS	Tracey Best	9838 LAKEVIEW DR	New Port Richey, FL
P	PAUL REST	9838 LAKEVIEW DR	New Port Richey 34654

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 contained in Chapter 119, 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:

PAUL REST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/09

Date

727-849-4600

Daytime Phone #