

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 25 PM 12: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019543

1. Corporation Name

GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

8180 NORTHWEST 36TH STREET  
MIAMI FL 33166

8180 NORTHWEST 36TH STREET  
MIAMI FL 33166

# 307



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

02/27/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0825956

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P	GARZON, MARIO	8180 NORTHWEST 36TH STREET	MIAMI FL 33166

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-11/02/99--01111--021  
\*\*\*\*158.75 \*\*\*\*158.75

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GARZON, MARIO  
8180 NORTHWEST 36TH STREET  
MIAMI FL 33166

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: *[Signature]*

REGISTERED AGENT MUST SIGN

Date: 10/20/99

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

Date: 10/20/99 (305) 885 6858  
Daytime Phone #



**G. A. BEST INSURANCE  
AND FINANCIAL SERVICES, INC.**

2

Life-Health, Legal, Disability Income, Hospital Indemnity & Mutual Funds

October 21, 1999

Florida Department Of State:

Re: GA BEST INSURANCE & FIN. SVCS. INC.

To Whom it may concern:

The reason why I did not send my annual fee report on time, was because I never received The application to paid. I received the Reinstatement Application, and Dissolution Certificate about a week ago.

I spoke with someone at the office and she told me to sent a letter explaining what happen, and sent a check in the amount of \$150.00.

Please correct this matter and advise as possible.

Sincerely yours,

  
Mario Garzon  
President