

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

APPLICATION FOR REINSTATEMENT

FILED  
 97 OCT -8 PM 3:16  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **994000027267**  
 1. Corporation Name **Best of US, Inc.**

Principal Place of Business **125 Lake St South  
 Lake Mary FL, 32746**  
 Mailing Address **PO Box 950956  
 Lake Mary, FL 32795**

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 <b>4/7/94</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>253-86-1463</b>	
City & State		City & State		Applied For	
Zip		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	<b>Laura Mylrea-Morris</b>	<b>125 Lake St. South Lake Mary, FL 32746</b>	<b>Lake Mary, FL 32746</b>

**100002317551--5**  
~~10/10/97-01083-002~~  
**\*\*\*\*408.75 \*\*\*\*408.75**  
**10/8/97**

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Laura Mylrea-Morris</b>	
		Street Address (P.O. Box Numbers Not Acceptable) <b>125 Lake St South</b>	
		Suite, Apt. #, Etc.	
		City <b>Lake Mary</b>	State <b>FL</b> Zip Code <b>32746</b>

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 **Laura Mylrea-Morris** Date **10/6/97**  
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

12. 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 **Laura Mylrea-Morris** Date **10/6/97** Daytime Phone # **407-321-4004**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPR040 (1/2/96)



RECEIVED

97 OCT -8 PM 3: 59

DIRECTOR  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

by Best of US™, Inc.

P.O. Box 950956

Lake Mary, Florida 32795-0956

Phone: (407) 321-4004

FAX: (407) 321-5009

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**To:** Mr. Dave Mann, Director of Corporations  
Florida Department of State, Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Phone: 850-487-6000 • FAX:

**From:** Laura Mylrea-Morris, C.E.O., Best of US™, Inc.

**Date/Time:** Monday, October 6, 1997

**Memorandum Re:** REVOCATION OF DISSOLUTION

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Dear Mr. Mann,

Thank you for your time last Friday and for sending me the paperwork to reinstate my company, Best of US™, Inc.

I hereby request that the Administrative Dissolution be revoked because during the time the notices were being made, I was in the process of a divorce. As such, I never received the notices.

I am wholeheartedly in support of your office's efforts to reduce the regulatory costs of doing business in Florida. They will serve as an incentive to my company and other small businesses in Florida.

Please find enclosed my application for reinstatement and a check for \$408.75 which covers the fees in arrears, the fee for revocation and certification. Thank you very much for your attention to this matter.

Sincerely,

*Laura Mylrea-Morris*

Laura Mylrea-Morris, C.E.O.

Best of US, Inc.