

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F07000005579

1. Corporation Name

NY BEST MECHANICAL, CORP

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

670 GLADE VIEW DR.

Suite, Apt. #, etc.

City & State

SANFORD FL

Zip

32771

Country

USA

3. Mailing Office Address

2903 OCEAN AVE

Suite, Apt. #, etc.

City & State

BROOKLYN NY

Zip

11235

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2007

5. FEI Number

11-3635610

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

TELMAN AMIROV

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

670 GLADE VIEW DR

Suite, Apt. #, Etc.

City

SANFORD FL

State

FL

Zip Code

32771

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 10/24/2008

☒ 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.

**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
<u>PRESIDENT</u>	<u>AMIROV, TELMAN</u>	<u>670 GLADE VIEW DR.</u>	<u>SANFORD, FL 32771</u>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/2008

Date

Daytime Phone #

**FILED**

08 NOV 10 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

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11/10/08--01041--008 \*\*150.00

CR2E081 (12/07)