

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

FILED

02 FEB 14 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P00000001583

1. Corporation Name

BEST STOP INC.

2. Principal Office Address

6414 NW 15th AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33147

Country

U.S.A

3. Mailing Office Address

2124 NE 123 st.

Suite, Apt. #, etc.

203

City & State

N. MIAMI, FL

Zip

33181

Country

U.S.A

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida

01/02/00

5. FEI Number

65-0973773

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

ENTSAR A. HUSSAIN

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

6414 NW 15 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33147

200005064982-9
-03/07/02--01068-015
****300.00 ****300.00

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

ENTSAR

REGISTERED AGENT MUST SIGN

Date

2/11/02

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
P	ENTSAR A. HUSSAIN	6414 NW 15 AVE	MIAMI, FL 33147

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)(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:

ENTSAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02

Date

(305)8991259

Daytime Phone #

CR2E081 (9/01)

2052

**BEST STOP INC.
2124 NE 123 ST #203
N.MIAMI, FL 33181**

DOCUMENT #:P00000001583

FEB. 11TH,2002

**FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

DEAR SIR,

**WE HAVE NEVER RECEIVED THE ANNUAL REPORT FOR YEAR 2001.
THEREFORE, WE ARE REQUESTING A WAIVER. ENCLOSED PLEASE FIND THE
REINSTATEMENT APPLICATION ALONG WITH A CHECK FOR \$300.00**

YOUR COOPERATION IN THIS MATTER IS HIGHLY APPRECIATED.

THANK YOU

ENTRA