

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 13 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P-00000015652
BEST SEAL, INC.

2. Principal Office Address

6751 NW 26 TERRACE

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33309

Country

BROWARD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2-01-2000

5. FEI Number

65-0989607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

PHILIP D. LYNCH

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

6751 NW 26 TERRACE

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State
FL

Zip Code

33309

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

Philip D. Lynch

REGISTERED AGENT MUST SIGN

Date *6-22-04*

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
<i>Pres.</i>	<i>PHILIP D. LYNCH</i>	<i>6751 NW 26 TERRACE</i>	<i>FORT LAUDERDALE FL 33309</i>

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:

Philip D. Lynch *President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-22-04

Daytime Phone #

954 4015554

CR2001 (01/04)

262

Best Seal, Inc.

6751 NW 26th Terrace • Fort Lauderdale, FL 33309
954-401-5554 Fax 954-979-8289

June 23, 2004

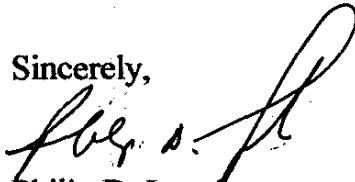
Department of State
Division of Corporations
Corporation Reinstatement Division
Post Office Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I am writing this letter respectfully requesting that the \$600 corporation reinstatement fee be waived. The registered agent left the company and did not forward any of the annual reports to be filed. Had I not been online looking up something for someone else, I would have not found out.

I am enclosing the \$300 for the year 2003 and year 2004. Thank you for your consideration in this matter.

Sincerely,



Philip D. Lynch
Best Seal, Inc.