

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR -8 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069991

1. Corporation Name

Best Granite, Inc.

2. Principal Office Address

2405 Division Ave

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33407

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

AR

REINSTATEMENT 03-04

600030025856

03/08/04--01050--009 **300.00

WMT

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2000

5. FEI Number

65-1025869

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

Ioan Buz

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

2405 Division Avenue

Suite, Apt. #, Etc.

City

West Palm Beach

State

FL

Zip Code

33407

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

X [Signature]

Date 2/26/04

REGISTERED AGENT MUST SIGN

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	Ioan Buz	10307 Boynton Place Circle	Boynton Beach, FL

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: X

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/26/04 561/436-6116

Date

Daytime Phone #

CR2E081 (01/04)

292

A G F & ASSOCIATES
ACCOUNTING AND TAX PLANNING

February 27, 2004

Division of Corporations
Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Best Granite, Inc.
Document #: P00000069991

To Whom It May Concern:

I met with Mr. Buz today who is the director and registered agent of Best Granite, Inc. He had asked me to get his document number for the corporation so he could complete some insurance paperwork. When I went on line I discovered his corporation had been dissolved last year.

I showed Mr. Buz the mailing address you have and it is an old address. Last year he had set up a forwarding address with the post office, but he actually had trouble getting his mail forwarded. He had been to the post office several times to try and resolve the problem. In the midst of all this he never received his corporate annual renewal form last year.

Enclosed you will find a check for last year's and this year's corporate renewal fees, totaling \$300. Also, enclosed is a reinstatement form.

We are kindly requesting that under the circumstances Mr. Buz be forgiven the filing penalties and for your department to reinstate his corporation. We appreciate your help in this matter.

Sincerely,



Suzanne Fohlson

619 North Dixie Highway
561/582-5129

Lake Worth, FL 33460
Fax 561/533-5959