

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 23 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000 92931

1. Corporation Name

Law Offices of
Best & Associates, P. A.

REINSTATEMENT

02-03

2. Principal Office Address

9155 S. Dadeland Blvd.

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 1412

Suite, Apt. #, etc.

City & State

Miami, FL 33156

City & State

Zip

33156

Country

Miami-Dade

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

65-1039733

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

900025723469
12/23/03--01025--003 **300.00

7. Name and Address of Current Registered Agent

Name

James C. Best

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

1941 N.W. 178 Terrace

Suite, Apt. #, Etc.

City

Pembroke Pines,

State

FL

Zip Code

33029

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

James C. Best

REGISTERED AGENT MUST SIGN

Date December 17, 2003

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
PRES.	James C. Best	1941 N.W. 178 Terrace	Pembroke Pines, FL 33029

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:

James C. Best

James C. Best

12/17/03 (305) 670-3119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)