

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

FILED

02 MAY 31 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Reinstate  
Secretary of State  
DIVISION OF CORPORATIONS

01-02 UBR

DOCUMENT # P000000107271

1. Corporation Name

Best Info Source, Inc.

2. Principal Office Address

P.O. Box 848395

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Pembroke Pines FL

City & State

Zip

33084

Country

U.S.

Zip

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

11-16-00

5. FEI Number

65-1055613

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

MICHAEL Bell

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

500 THREE ISLANDS BVD.

Suite, Apt. #, Etc.

#910

City

HALLANDALE

400005971184-2

-06/25/02--01046--003

\*\*\*\*150.00 \*\*\*\*150.00

400005971184-2

-06/25/02--01046--004

State Zip Code \*\*\*\*150.00 \*\*\*\*150.00

FL 33009

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

M. L. Bell

Date 1-17-02

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
VP/D	MICHAEL Bell	P.O. Box 848395	Pembroke Pines, FL
P/D	Robbie L. Bell	3301 N.E.S AVE #711	MIAMI FL 33137
		150.00 - AK only	
		150.00 - AR 150 Temp In	

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:

M. L. Bell

1-17-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E031 (9/01)

2012

January 8, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

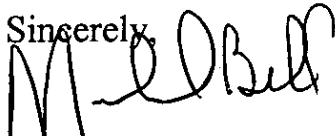
Re: Best-Info Source, Inc.

Doc. #P00000107277

Application for Reinstatement-Uniform Business Report

The above referenced corporation did not receive the 2001 UBR. Enclosed is a check in the amount of \$150.00 representing the original filing fee. This corporation cannot afford to stay in business should it be paying any additional penalties. We respectfully request that you accept the \$150.00 to reinstate this corporation and apologize for any inconvenience we have caused.

Sincerely,



Michael Bell, Pres.