

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P01000030183

1. Corporation Name

BEST BUY ON WHEELS INC.

Principal Place of Business

Mailing Address

3009 N. STATE RD. 7  
HOLLYWOOD FL 33021

3009 N. STATE RD. 7  
HOLLYWOOD FL 33021

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

03/19/2001

5. FEI Number

65-1085495

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	FORTIN, MICHAEL	2720 TAFT ST.	HOLLYWOOD FL 33020
D	CHENAIL, CAROLINE	2720 TAFT STREET	HOLLYWOOD FL 33020

900024572099  
11/10/03--01098--016 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FORTIN, MICHAEL  
3009 N. STATE RD. 7  
HOLLYWOOD FL 33021

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/6/03

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/6/03

Daytime Phone #

CR2E040 (7/03)

**INTERNATIONALE FINANCIAL CORP.**

*Financial Services*

6708-B Stirling Road\* Davie, FL 33024

Telephone #: 1-(954)-893-5580\* Fax #: 1-(954)-893-7448

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November 6, 2003

To: Department of State  
Division of Corporations

Ref: Best Buy On Wheels, Inc.  
Document # P01000030183  
Annual Report Filing

To Whom It May Concern:

This is to notify the Division of Corporations that my client, Best Buy On Wheels, Inc., did not receive the annual report filing form until now, that the corporation has been administratively dissolved.

We are asking that the Division of Corporations waive the late and reinstatement fees for the above corporation and accept the filing of the annual report with the regular fee of \$150.00 under the circumstances that my client did not receive the proper form when it was originally due.

I hope that the Division of Corporations cooperate with my client in resolving this matter due to the economic situation.

Sincerely,



Raul Perez  
Accountant/Financial Advisor

cc/client records