

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P01000039367

1. Corporation Name

Best Real Estate Solutions, Inc.

2. Principal Office Address

4000 Highway 90, Suite F

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite F

Suite, Apt. #, etc.

City & State

Pace FL

City & State

Zip

32571

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4-16-2001

5. FEI Number

593711488

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
03 DEC 17 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600025562436
12/17/03--01063--005 **750.00

7. Name and Address of Current Registered Agent

Name

Warren F. Olsen

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

4000 Highway 90,

Suite, Apt. #, Etc.

Suite F

City

Pace

The FEI # ending with 99
is incorrect. The correct #
is per attached 2002 filing
ending with 88 as shown above.

State

FL

Zip Code

32571

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 12.15.03

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 |
|--------|--------------------------------------|---|--------------------|
| PTD | Olsen, Warren F | 5512 Timber Creek Dr. P | Pace, FL 32571 |
| VSD | Servaes, James N | 5982 Twin Oaks Dr | Pace FL 32571 |

REINSTATEMENT 03

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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:

[Signature]
James N. Servaes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/15/03 (850) 994-6436

Date

Daytime Phone #

CR2E081 (10/02)