

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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01/24/03--01035--001 \*\*158.75

DOCUMENT # P01000039722

1. Corporation Name

Best Coach USA, Inc.

2. Principal Office Address

3535 McCoy Rd

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32812

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

593744047

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

Lawrence Crismon

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

3535 McCoy Rd.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32812

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]*

Date

01/21/03

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	Lawrence Crismon	3535 McCoy Rd.	Orlando, FL 32812

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 AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/21/03

Daytime Phone #

CR2E081 (10/02)

01/21/03



LAWRENCE CRISMON  
PRESIDENT

To Whom It May Concern,

This letter is a request for a waiver of late fees in accordance to the Uniform Business Report. We have not received our report due to change of address. It has come to my attention that Best Coach USA, Inc. (feid 593744047) has become inactive. I would appreciate if the late fees would be waived due to the non receipt of the UBR. If you have any questions please feel free to contact me at 407-260-5800.

Thank You,



Lawrence Crismon