

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 27 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000085068

1. Corporation Name

BEST COPY CORPORATION

Principal Place of Business

P.O. BOX 441094
MIAMI FL 33144

Mailing Address

P.O. BOX 441094
MIAMI FL 33144

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2001

Suite, Apt. #, etc.

P.O. Box 440895

Suite, Apt. #, etc.

P.O. Box 440895

City & State

Miami, FL

City & State

Miami, FL

Zip

33144

Country

Zip

33144

Country

5. FEI Number

65-1133409

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LUQUE,	16009 NW 82ND PLACE	MIAMI FL 33016

8. Name and Address of Current Registered Agent

LUQUE, MANOLA
16009 NW 82ND PLACE
MIAMI LAKES FL 33016

9. Name and Address of New Registered Agent

Name

LUQUE, Manola

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

528 NE 74 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33138

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

Manola Luque

REGISTERED AGENT MUST SIGN

Date

10/30/02

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:

Manola Luque

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/02 (305) 282-5412

Daytime Phone #

CR2E040 (8/02)