


pg 16 fr

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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2006 AUG 10 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000016024

1. Corporation Name

BEST WAY IMPORT-EXPORT CORP

2. Principal Office Address

3800 HILLCREST DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1022

Suite, Apt. #, etc.

SAME

City & State

HOLLYWOOD, FL 33021

City & State

Zip

33021

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2/12/2002

5. FEL Number

61-1411643

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
LILIANA SAROCHAR

Street Address (P.O. Box Number is Not Acceptable)
3800 HILLCREST DR

Suite, Apt. #, Etc.

1022

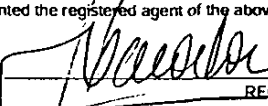
City
HOLLYWOOD

State
FL

Zip Code
33021

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



REGISTERED AGENT MUST SIGN

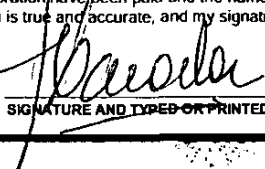
Date 5-26-06

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
DIRECTOR PRES <input checked="" type="checkbox"/>	SAROCHAR, LILIANA	3800 HILLCREST DR	HOLLYWOOD, FL 33021
			000078769150 09/18/06--01024--025 **150.00
			000078769150 09/18/06--01024--025 **150.00

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 contained in Chapter 119, 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:



LILIANA SAROCHAR

2/26/06

786-344-0733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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BEST WAY IMPORT EXPORT CORP.
3800 Hillcrest Drive
Suite 1022
Hollywood Florida 33021
Phone (954) 894-2474 Fax (954) 894-2474
Cell 786-344-0733
Email: bestwaycorp@aol.com
MSM bestway4u@hotmail.com

MAY 26 2006

DEPARTMENT OF SATAE
DIVISION OF CORPORATIONS
P.O.BOX 6327
TALLAHASSEE FL 32314

RE: REINSTATEMENT

Dear Sir or Madam:

I am sending this letter to explain the reason why this year 2006 was not presented on time.

As a Director and only shareholder who manage this company, on 2001 I was diagnose with Breast Cancer and I was on disability till Oct 2005, now on review of my case to continue for more 3 last years ,(hoping my sickness will be under control finally), during this period and even do I have assistance from the Family and Children money is not sufficient and Doctors agree during this period for me to work no more 10- 20 hours a week, that is why even I am not mentally complete recuperate due to medicines, I want to try putting all my documents at to date.

I contacted as you can see on email attached, Florida Dept, as I do not find any request for the Annual Report fee ,as every year we have a form to submit.I received the Notice that Best Way was dissolved as of 9-16-05 and due to my condition was impossible during these years to present any form. Today,I need to work even do my health have several problems and this small company at least give me some extra income to cover bills and try to don't stress myself as is not good for my recuperation. I am a single mother with two children's, I am the only support they have.

I request the person who is in charge of this decision to waive these penalties as I mention I am under the assistance of the Family and Children Dept.and only start working till Social security review my case. You can verify all my clinic history on the following depts: Social Security Disability office: case # 9143954, Dept of Family and Children, case 1159473757, Mt Sinai Hospital Cancer Center, case 0626235.

I am enclosing a check for the amount of the annual Corporation hopping you can accepted and don't delay the status of this company that is the only extra income I can get to support my family. I am also preparing the preparation of the Annual Reports to have all documents at to date.

Thank you for your understanding and waiting for your favorable replay.

Liliana M Sarochar
Director