

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
04 OCT 15 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000027339

**1. Corporation Name**

V & L BEST SERVICES, INC.

8977 SW 147TH AVENUE  
8977 SW 147 AVENUE

**2. Principal Office Address**

8977 SW 147TH AVENUE

Suite, Apt. #, etc.

2108

**3. Mailing Office Address**

8977 SW 147 AVENUE

Suite, Apt. #, etc.

2108

City & State

PLANTATION, FLORIDA

City & State

PLANTATION, FLORIDA

Zip

33196

Country

USA

Zip

33196

Country

USA

500041907865  
10/15/04--01089--001 \*\*150.00  
REINSTATEMENT 04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

03/12/2002

**5. FEI Number**  
03-0407077

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

ANA RONCAL

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

8977 SW 147 AVENUE

Suite, Apt. #, Etc.

2108

City

MIAMI

State  
FL

Zip Code  
33196

**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 10/05/2004

**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
PST	ANA RONCAL	8977 SW 147 AVENUE	MIAMI, FL 33196

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/05/2004

Date

954-476-4643

Daytime Phone #

CR2E081 (01/04)

Miami, October 5th, 2004

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: ~~V & L BEST SERVICES, INC.~~  
Doc Number P02000027339

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.


We are enclosing a check for \$150 to cover the following fees:

2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Ana Royal  
President  
8977 SW 147<sup>th</sup> Avenue, # 2108  
Miami, FL 33196