

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 FEB -9 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000062312

**1. Corporation Name**

THE BEST QUALITY IMPORT, CORP.

**2. Principal Office Address**

110 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

305

City & State

MIAMI

Zip

FLORIDA

Country

MIAMI DADE

**3. Mailing Office Address**

110 FONTAINEBLEAU BLVD

Suite, Apt. #, etc.

305

City & State

MIAMI

Zip

33172

Country

US

**REINSTATEMENT**

03-05

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

**5. FEI Number**

☒ 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

PAOLA C. FUENTES

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

110 FONTAINEBLEAU BLVD

Suite, Apt. #, Etc.

305

City

MIAMI,

State  
FL

Zip Code  
33172

300046655323

02/15/05--01053--001 \*\*\*156.75

**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

X

REGISTERED AGENT MUST SIGN

Date 12-28-2004

**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
PT	FUENTES, PAOLA C.	110 FONTAINEBLEAU BLVD # 305	MIAMI, FL 33172
VPD	ZUÑIGA, MARCIA E.	110 FONTAINEBLEAU BLVD # 305	MIAMI, FL 33172
VPS	REYES, ALEX	110 FONTAINEBLEAU BLVD # 305	MIAMI, FL 33172

700044328307

01/07/05--01046--012 \*\*\*300.00

**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 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-28-2004

Date

305-485-8550

Daytime Phone #

CR2E081 (01/04)

282

**Reinstatement Fee Waiver**

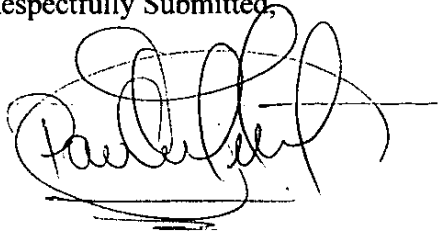
I requesting a Reinstatement Fee Waiver, because I did not receive the **Annual Reports** form from your office.

Name of the Corporation: THE BEST QUALITYIMPORT, CORP.

Document #: P0200062312

Thank you for your attention and cooperation to this matter.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read 'Paola C. Fuentes', written over a horizontal line.

Paola C. Fuentes  
Registered Agent  
110 Fontainebleau Blvd  
Suite 305  
Miami, FL 33172