

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV -7 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000074820

1. Corporation Name

Best Fresh Trading, Inc.

REINSTATEMENT

04-05

CR2E081 (8/05)

2. Principal Office Address

8370 W Flagler St

3. Mailing Office Address

8370 W Flagler St

Suite, Apt. #, etc.

Suite 234

Suite, Apt. #, etc.

Suite 234

City & State

Miami, FL

City & State

Miami, FL

Zip

33144-2040

Country

US

Zip

33144-2040

Country

US

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

08/09/2002

5. FEI Number

82-0572706

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

Manuel Pardo

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

8370 W Flagler St.

Suite, Apt. #, etc.

Suite 234

City

Miami

State

FL

Zip Code

33144-2040

300061219553
11/07/05 01053 023 \$300.00

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

Manuel Pardo

REGISTERED AGENT MUST SIGN

Date 11/03/05

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
D/P/S	Pardo, Manuel	8370 W Flagler St # 234	Miami, FL 33144-2040

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:

Manuel Pardo

MANUEL PARDO 11/03/05

305-487-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

November 3, 2005

Division of Corporations
Annual Report – Reinstatements Section
P.O. Box 6327
Tallahassee, FL 32314

Re: Best Fresh Trading, Inc.
P02000074820


Dear Sir or Madam:

Enclosed you will find the Application for Reinstatement from our company already above mentioned. Also enclosed is a check for \$ 300.00 for the reports of 2004 and 2005 of a “for profit” corporation.

I apologize for submitting this form late; however we never received the Uniform Business Report Notices in the year in question and were unaware of the delinquency until the company’s accountant brought it to my attention.

Thank you for assistance in this matter. Should you have any question, please do not hesitate to contact us.

Sincerely yours,


Manuel Pardo
President