

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2007 MAR 27 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 03000070615

1. Corporation Name

BEST TRANSFER CORP.

100098018521
04/23/07--01047--003 **608.75

2. Principal Office Address
1855 W. 62 ST.

3. Mailing Office Address
1855 W. 62 ST.

Suite, Apt. #, etc. 130

Suite, Apt. #, etc. 130

City & State
Hialeah, Florida

City & State
Hialeah, Fl.

Zip 33130 Country USA

Zip 33012 Country USA

4. Date Incorporated or Reincorporated
REINSTATEMENT

5. FEI Number

20-0069218

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

Carlos M. Carmenatti

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

1855 W. 62 ST.

Suite, Apt. #, Etc.

130

City

Hialeah

State
FL

Zip Code

33012

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

[Signature]

Date 2-13-07

REGISTERED AGENT MUST SIGN

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/T	Carmenatti, Carlos M.	1855 W. 62 ST. # 130	Hialeah, Florida 33012

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Carlos M. Carmenatti

2-13-07

Date

786 412 6044

Daytime Phone #