


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
2005 AR

 FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1052

FILED
05 JUL -1 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P040000012604

1. Corporation Name

THE BEST GENERAL SERVICE, INC

2. Principal Office Address

7861 NW 13 STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

Zip

33024

Country

USA

3. Mailing Office Address

7861 NW 13 STREET

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

Zip

33024

Country

33024

4. Date Incorporated or Qualified
To Do Business in Florida

01-16-2004

5. FEI Number

30-0624563

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

DLR ACCOUNTING CORP

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

6336 GRANT STREET

Suite, Apt. #, Etc.

City

HOLLYWOOD, FL.

State

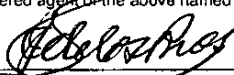
FL

Zip Code

33024

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



Date

6-15-05

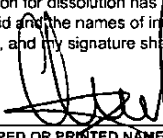
REGISTERED AGENT MUST SIGN

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
P	VASQUEZ, WALTER R.	7861 NW 13 STREET	PEMBROKE PINES, FL. 33024

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

Date

6-15-05 (954) 966-2413

Daytime Phone #

282

Pembroke Pines, June 15th 2005

Florida Department of State
Division of Corporations
Tallahassee, Florida.

Dear sirs:

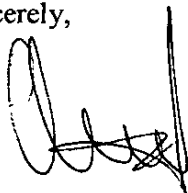
This letter is sent to you to inform that our office moved to 7861 NW 13 Street, Pembroke Pines, Florida 33024, for that reason we did not receive the UBR 2005 form and we do not filed that report at time.

Please help me to continue making business and support my employees.

You can find attached the check for US\$ 150.00 to pay the fee for the year 2005.

I will appreciate your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read 'Walther Vasquez', with a large, stylized initial 'W'.

Walther Vasquez
President