

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JAN -6 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000030035**

1. Corporation Name

Best Friends Forever, INC

2. Principal Office Address - No P.O. Box #

8637 NW 82nd ST

Suite, Apt. #, etc.

3. Mailing Office Address

8637 NW 82nd ST

Suite, Apt. #, etc.

City & State

TAMARAC FL.

City & State

TAMARAC FL

Zip

33321

Country

USA

Zip

33321

Country

USA

200190206822
01/06/11--01030--001 **935.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2004

5. FEI Number

20-1958041

☐ 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

Rhonda Redler

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

8203 NW 6th CT

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

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]

REGISTERED AGENT MUST SIGN

Date **12/29/10**

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
Pres.	Gayle Saffman	3420 Pinewalk Dr. N	Margate, FL 33063
V.P.	Rhonda Redler	8203 NW 6th CT	Coral Springs FL 33071
Sec	Charles Redler	8203 NW 6th CT	Coral Springs FL 33071

10. E-mail Address:

(To be used for future annual report notification)

rhonst@aol.com

11. 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. I further certify, 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:

CHARLES REDLER

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/10

Daytime Phone #