

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000086364

1. Corporation Name

BEST FLOORING WEST COAST, INC

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

1580 Sawgrass Corporate Parkway

Suite, Apt. #, etc.

130

City & State

Sunrise, FL

Zip

33323

Country

BROWARD

3. Mailing Office Address

1580 Sawgrass Corporate Parkway

Suite, Apt. #, etc.

130

City & State

Sunrise, FL

Zip

33323

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

WALQUINE LEMY

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

1580 Sawgrass Corporate Parkway

Suite, Apt. #, Etc.

130

City

Sunrise

State

FL

Zip Code

33323

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

Walquine Lemy

REGISTERED AGENT MUST SIGN

Date **03/20/2008**

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
President	Dottie V Ricketts	1580 Sawgrass Corporate Parkway #130	Sunrise, FL 33323
Treasurer	Walquine Lemy	1580 Sawgrass Corporate Parkway #130	Sunrise, FL 33323

REINSTATEMENT

05-08

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 contained in Chapter 119, 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: *Dottie V Ricketts*

Dottie V Ricketts

03/20/2008

954-315-4586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2008 MAR 25 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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