## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State Division of corporations	FILED 10 JUN - 3 PM 2: 50
DOCUMENT # 1070000 66837.  1. Corporation Name		© CRETARY OF STATE MALLAHASSEE. FLORIO 06/03/10-01018-010 **150.00
The Dest Gener	3. Mailing Office Address 7.137	REINSTATEMENT 09-10
Suite. Apt. #, etc.  City & Sflate	Suite, Apt. #, etc.  City & SAte	20018165442 06/03/1001018011 **150.00 4. Date Incorporated or Qualified To Do Business in Florida
Liami, F. Country 33144	Significanting Country 33144	5. FEI Number  Applied For  Not Applicable  6. CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
Name  7. Name and Address of Current Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc  City Liami	State Zip Code FL 33/44	
8. I, being appointed the registered agent of the above names corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent		
Titles Name of Officers and/or Director	Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at lease of Street Address of Each Officer and/or Director	City / State / Zip
	A6/4	
10. E-mail Address:  (To be used for future annual report notification)		
11. I certify that I am an officer or director or the receiver or injustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 raid. 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:  SIGNATURE AND TYPENOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #		
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May 24, 2010

DIVISION OF CORPORATIONS REINSTAINMENT DEPARTMENT P.O. BOX 6327 Tallahassee, FL. 32314

Ref: THE BEST GENERAL FINISH, INC. P07000066837

Dear Sirs:

THE BEST GENERAL FINISH, INC., already sent you its Annual Report on April 10 with a check payable to you for \$ 150.00 that was never cashed. Concerned about this, I called you on MAY 25 asking about the Renewal of the Corporation and I was told by someone on your office to be patient and wait because your offices were processing enormous amounts of documents.

I checked the status of the corporation and it is inactive.

I called again and I have been requested to send you a letter explaining this issue and a check for \$ 300.00.

Please I am requesting to waive the penalties and reinstate My Corporation.

Thank you very much for your attention to this matter.

Sincerely,

THE BEST GENERAL FINISH, INC.