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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H98000014634

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000019294

1. Corporation Name

BEST CUSTOM FURNITURE, INC.
3655 W 16 Ave. No. 5-6
Hialeah, Fl 33012
Principal Place of Business

3655 W 16 Ave. No. 5-6
Hialeah, Fl 33012
Mailing Address

REINSTATEMENT 97-98

If above address is not correct in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | County

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | County

4. Date Incorporated or Qualified To Do Business In Florida: 03/07/94

5. FEI Number: 65-0476700 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 additional fee required for a Certificate of Status

7. Name(s) and Street Address(es) of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	Leonel Arango	453 W 27 St.	Hialeah, Fl 33010
VP	Rolando Arango	453 W 27 St.	Hialeah, Fl 33010

AR 8/6/98

8. Name and Address of Current Registered Agent

Leonel Arango
453 W 27 St.
Hialeah, Fl 33010

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State FL | Zip Code

10. I hereby appoint the registered agent of the above named corporation, familiar with and accept the obligations of Section 607.0501, F.S.

Signature of Registered Agent: Rolando Arango — REGISTERED AGENT MUST SIGN — Date: 8/4/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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: Rolando Arango — 8/4/98 — (305) 823-8324
SIGNATURE AND TYPED OR PRINTED NAME OF CHANGE OFFICER OR DIRECTOR — Date — Daytime Phone #

Prepared by: Rolando Arango 453 West 27th St. Hialeah, Fl 33010 (305) 823-8324

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TO: DIVISION OF CORPORATIONS FAX #: (850)922-4004

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001008335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: BEST CUSTOM FURNITURE, INC.
AUDIT NUMBER.....H98000014634
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CERT. OF STATUS..1 PAGES..... 1
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EST.CHARGE.. $923.75

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** ENTER 'M' FOR MENU. **