	PLEASE READ	ALL INSTI	RUCTIONS	BEFORE C	COMPLETING THIS FORM.
APPLICA FOR REINSTAT	70/0-4 1	S	DEPARTMEI andra B. Mor Secretary of S ISION OF CORPO	State	Time to the second seco
DOCUME	NT #	Oa rac	, _		P P
1. Corporation Name Best of US, Onc.					97 OCT -8 PH 3: 16
		<b>J</b>	,		SECRETATE STATE TALLAHASS.S. FLORIDA
Principal Place of Bu	siness	Mailing Addres	SS		ALLMINOUM
	St South		130x 950		~
lake Ma	ny Fl, 32746	Lake	Mary, F	132195	
	are incorrect in any way, line th				
			ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 4/7/94
Suite, Apt. #, etc.		Suite, Apt. #, e			5. FEI Number Applied For
Zip Country		Zip Counti		<i>d</i>	AS 3-86-1463 Not Applicable  6. SET VISION OF STAND PROPERTY S8.75 Additional Fee required
					for a Certificate of Status
7. Names and Street Title(s)	t Addresses of Each Officer and Name of Officers and/or Directors	/or Director (Florid	Str	itions must list at lea eet Address of Each icer and/or Director	h
1 2		Marcis	3 (Do NOT Us	Se Post Office Box N	Numbers) 4
CEO 170	usa Mylrea.	11/01/13	Lake M	any, Fl 3	32746 lake Mary, FL 32746
				•	
					1000023175515 -10/10/97-01083-002 ****408.75 ****408.75
					1984
8 N	lame and Address of Current	Registered Agent			9. Name and Address of New Registered Agent
<u> </u>	and the Address of Carrett	nogistores Agent		Name	wa Mylrea. Morris
					P.O. Box Number is Not Acceptable),
•	de Or Sec. v				
				City Lake	Mary FL 22746
10. being appointed Signature of Registered Agent	Dama II	ove named corpora	Mor	h and accept the ob	bligations of Section 607.0505, F.S.  Date 10/6/97
11. Does this Dept. of	s corporation pay a Revenue under S.	any intangit 199.032, F	ole tax to the Torida Statu	e ites. Yes[	No No (See other side for information on intangible tax.)
this reinstatement a owed by the corpor	application, the reason for disse	olution has been eli names of individua	iminated, the corpor Is listed on this forn	ate name satisfies t n do not qualify for a	provided for in chapter 607 or 617, F.S. I further certify that when filing the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated oath.
SIGNATURE	SIGNATURE AND TYPED OR PRI	My LEO NTEO NAME OF SIG	Ming officer on d	UQ RECTOR	10/6/97 407-321-4009 Daytime Phone #



## RECEIVED

97 OCT -8 PM 3: 59

DIRECTOR
DIVISION OF CORPORATIONS
TAI LAHASSEE, FLORIDA

## by Best of US™, Inc.

P.O. Box 950956 Lake Mary, Florida 32795-0956

Phone: (407) 321-4004 FAX: (407) 321-5009

To: Mr. Dave Mann, Director of Corporations

Florida Department of State, Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Phone: 850-487-6000 • FAX:

From: Laura Mylrea-Morris, C.E.O., Best of USTM, Inc.

**Date/Time:** Monday, October 6, 1997

Memorandum Re: REVOCATION OF DISSOLUTION

## Dear Mr. Mann,

Thank you for your time last Friday and for sending me the paperwork to reinstate my company, Best of US<sup>TM</sup>, Inc.

I hereby request that the Administrative Dissolution be revoked because during the time the notices were being made, I was in the process of a divorce. As such, I never received the notices.

I am wholeheartedly in support of your office's efforts to reduce the regulatory costs of doing business in Florida. They will serve as an incentive to my company and other small businesses in Florida.

Please find enclosed my application for reinstatement and a check for \$408.75 which covers the fees in arrears, the fee for revocation and certification. Thank you very much for your attention to this matter.

Sincerely,

Taula Mylrea. Morris, C.E.O.

Best of US, Inc.