

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P94000027257

1. Corporation Name
BEST OF US, INC.

Principal Place of Business: 125 LAKE ST. SOUTH LAKE MARY FL 32746
Mailing Address: P.O. BOX 950956 LAKE MARY FL 32795

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business In Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/07/1994	
City & State		City & State		5. FEI Number	
Zip		Country		25-3861463	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *08-09*

7. Names and Street Addresses 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
CEO	MYLREA-MORRIS, LAURA	125 LAKE ST. SOUTH	LAKE MARY FL 32746

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent <i>08-3-99</i>	
MYLREA-MORRIS, LAURA 125 LAKE ST. SOUTH LAKE MARY FL 32746		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Laura Mylrea-Morris* REGISTERED AGENT MUST SIGN Date: *July 30, 1999*

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 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 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: *Laura Mylrea-Morris* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *July 30 '99* Daytime Phone #: *407-321-4004*

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