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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

◄ Read Instructions on Other Side Before Making Entries ►

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P95000036338

BesT Medical Services, Inc.
7811 SW. 24 ST #132
Miami Fl 33155

2. If Address in Block 1 is incorrect in any way, enter the correct address below.

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida: 5/9/95

5. FEI Number: 65-0578472

FEI Number Applied For

FEI Number Not Applicable

6. **$8.75 Additional Fee required for a Certificate of Status**

CERTIFICATE OF STATUS DESIRED [ ]

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
P/S/T	Servando Acosta	7811 SW 24 ST #132	Miami Fl 33155

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-03/09/99--01016--003-
****900.00 ****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Servando Acosta
7811 SW 24 ST #132
Miami Fl 33155

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City | State: FL | Zip

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: Acosta — REGISTERED AGENT MUST SIGN — Date: 2/26/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] No [ ] (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Acosta. Date: 2/26/99 Daytime Phone #: 305-267-7818

Typed or printed name of signing officer or director