

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

97 JAN 27 AM 11:19

DOCUMENT # P95000048499

1. Corporation Name

BEST MANAGEMENT SERVICES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**273 SOUTH DRIVE
MIAMI SPRINGS FL 33166**

**273 SOUTH DRIVE
MIAMI SPRINGS FL 33166**



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

06/19/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-066-8486

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional fee required
for a Certificate of Status

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
D	GARCIA, JESUS ANTONIO	290-174TH STREET APT#M09	MIAMI BEACH FL 33130
D	OLIVERO, ODIS J	273 SOUTH DRIVE	MIAMI SPRINGS FL 33166

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100002071841726
-01/29/97--01020--014
***375.00 ***375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**GENESIS COUNSEL, INC.,
273 SOUTH DRIVE
MIAMI SPRINGS FL 33166**

Name

ODIS J OLIVERO

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

273 SOUTH DRIVE

Suite, Apt. #, Etc.

MIAMI SPRINGS

City

MIAMI SPRINGS

State

Zip Code

FL

33166

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

[Signature of Odis J. Olivero]
REGISTERED AGENT MUST SIGN

Date **OCTOBER 10, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature of Odis J. Olivero]

10/29/96 (305) 325-1727
Date Daytime Phone #