

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -4 AM 10:47

STATE
ALABAMA-SEE, FLORIDA

DOCUMENT # **P95000064341**

1. Corporation Name

Best Reflections, Inc.

2. Principal Office Address - No P.O. Box #

4603 Sheldrake Dr.

3. Mailing Office Address

P.O. Box 568547

Suite, Apt. #, etc.

Orlando, Fl.

Suite, Apt. #, etc.

Orlando, Fl.

City & State

32812-3314

City & State

32856-8547

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

6/01/07

5. FEI Number

65-0626938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph D. Cook

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

4603 Sheldrake Dr.

Suite, Apt. #, Etc.

City **Orlando**

State
FL

Zip Code
32812-3314

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **05/29/2007**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	pt/s/v/d/c/m Joseph D. Cook	4603 Sheldrake Dr	Orlando, FL 32812-3314
	\$7617		

800104259348
06/12/07--01019--024 **1358.75

10. 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 contained in Chapter 119, 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:

Joseph D. Cook

05/29/07

(407) 242-1928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #