

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
'FOR'
REINSTATEMENT**



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

FILED

97 DEC -3 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000008975**

1. Corporation Name

BEST PRODUCTS DISTRIBUTORS OF THE KEYS, INC.

Principal Place of Business

87445 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address

87445 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

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

2. New Principal Office Address, If Applicable

~~90480 Overseas Hwy~~
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

~~Islamorada, Fla~~

Zip ~~33070~~ Country ~~Dade~~

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/25/1996

5. FEI Number

65-0638690

Applied For

Not Applicable

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
PD	GONZALEZ, EDUARDO	1270 S.W. 10TH STREET 3116 SW. 6 street	MIAMI FL 33135
STD	LEON, ERMA	4460 S.W. 3RD STREET	MIAMI FL 33134
			400002366244--4 -12/08/97--01141--015 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

GONZALEZ, EDUARDO
1270 S.W. 10TH STREET
MIAMI FL 33135

9. Name and Address of New Registered Agent

Name

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

3116 SW. 6 street

Suite, Apt. #, Etc.

City

Miami

State FL

Zip Code 33135

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] PRESIDENT

REGISTERED AGENT MUST SIGN

Date 11/19/97

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:

[Signature] PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/97
Date

305-863-6614
Daytime Phone #

CR2E040 (8/97)