

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 12 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081924

1. Corporation Name

BEST TOTAL HOME IMPROVEMENT COMPANY, INC.

2. Principal Office Address

420 N. State Road 7

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

420 N. State Road 7

Suite, Apt. #, etc.

City & State

Plantation, FL

Zip

33317

Country

USA

REINSTATEMENT

01-04
MRD

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/30/1996

5. FEI Number

650722366

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

Thomas R. Shahady, Esq.

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

350 E. Las Olas Boulevard

Suite, Apt. #, Etc.

Suite 1700

City

Fort Lauderdale

State

FL

Zip Code

33301

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

Thomas R. Shahady

Date 01/05/2005

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
D	William Pataky	420 N. State Road 7	Plantation, FL 33317

500044635485

01/12/05--01047--016 **1200.00

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 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:

William Pataky

William Pataky

Director

01-04-2005

Date

Daytime Phone #

954-584-7058

CR2E031 (01/04)