

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 JAN -4 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099517

1. Corporation Name

BESTE & COMPANY, INC.

Principal Place of Business

Mailing Address

2740 N.E. 15 AVENUE
WILTON MANORS FL 33334

P.O. BOX 21765
FORT LAUDERDALE FL 33335



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

2740 NE 15 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WILTON MANORS FL

Zip

Country

Zip

Country

33334

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/09/1996

5. FEI Number

65-0740879

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BESTE, STEVEN R	2740 N.E. 15 AVENUE	WILTON MANORS FL 33334

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01/26/01--01155--018

****758.75 ****758.75

REINSTATEMENT

2010

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BESTE, STEVEN R
2740 N.E. 15 AVENUE
WILTON MANORS FL 33334

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date 12/31/00

11. 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

12/31/00

Date

Daytime Phone #

954-564-4132

CR2ED40 (8/00)