


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

04 MAR -9 AM 7:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA7000092198**

1. Corporation Name
Best America Inc. INC

REINSTATEMENT 02-04

2. Principal Office Address
1600 Blue Jay Circle

3. Mailing Office Address
"

City & State
WESTON FL. FLORIDA FL

Zip
33327 USA

4. Date Incorporated or Qualified To Do Business in Florida
10 27 97

5. FEI Number
62-0794270

6. CERTIFICATE OF STATUS ISSUED

7. S.S. 1938 (F.S. 193.01) Fee Paid for a Certificate of Status

1 00029330581
02/25/04--01006--009 **\$50.00

7. Name and Address of Current Registered Agent

Name
JOEL SLAKMAN / Joel Slakman

Street Address (P.O. Box Number, if applicable)
1600 BLUE JAY Circle

City
WESTON

State
FL

Zip Code
33327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0565 or 617.0001, F.S.

Signature of Registered Agent
JOEL SLAKMAN / Joel Slakman 2/17/04

REGISTERED AGENT MUST SIGN

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

Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
JOEL SLAKMAN	1600 Blue Jay Circle	(WESTON FL 33327)
JOEL SLAKMAN		33327

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 upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporate records returned (the requirements of section 607.0401 or 617.0401, F.S., that all taxes owed by the corporation have been paid and the names of individuals named on this form do not qualify for an exemption under section 119.07(2)(b), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **JOEL SLAKMAN** **JOEL SLAKMAN** **2/17/04** **954-629 3158**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature of Joel Slakman

Jeffrey S. Gerow, P.A.

Attorney at Law

4800 North Federal Highway

Suite 307B

Boca Raton, Florida 33431

561-750-6770

fax 561-395-0282

February 18, 2004

Department of State
Division of Corporations
Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: Best America Industries, Inc.
Reinstatement

Gentlemen:

With reference to the above matter I have enclosed the completed and signed reinstatement form. The principal of this corporation has informed me that he never received any annual report or any notices of the impending dissolution or that his corporation was dissolved. He only recently discovered this. Accordingly, I have enclosed a check for \$450.00 to cover the annual report fees for 2002, 2003 and 2004.

Sincerely,



Jeffrey S. Gerow

Enclosure: