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PLEASE READ ALL INFORMATION CONTAINED HEREIN BEFORE MAKING ANY STATEMENT TO THE PRESS OR TO THE PUBLIC

99 OCT 25 PM 12: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

GA BEST INSURANCE AND FINANCIAL SERVICES, INC.

Mailing Address

8180 NORTHWEST 38TH STREET  
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2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City &amp; State

Country

Country

4. Date Incorporated or Qualified To Do Business in Florida

02/27/1998

5. FEI Number

Applied For

65-0825956

April 10 1911

6.

**CERTIFICATE OF STATUS DESIRED** ☐ **\$8.75** Additional Fee required for a Certificate of Status

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GARZON, MARIO	8180 NORTHWEST 36TH STREET	MIAMI FL 33166
			600003033306--0 -11/02/99--01111--021 ****158.75 ****158.75
			LS

600003033306---0  
-11/02/99--01111--021  
\*\*\*\*158.75 \*\*\*\*158.75

**LS**

**9. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code	
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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 10/20/99

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/99 (305) 885 6858  
Date Daytime Phone #



**G. A. BEST INSURANCE  
AND FINANCIAL SERVICES, INC.**

Life-Health, Legal, Disability Income, Hospital Indemnity & Mutual Funds

October 21, 1999

Florida Department Of State:

Re: GA BEST INSURANCE & FIN. SVCS. INC.

To Whom it may concern:

The reason why I did not send my annual fee report on time, was because I never received The application to paid. I received the Reinstatement Application, and Dissolution Certificate about a week ago.

I spoke with someone at the office and she told me to sent a letter explaining what happen, and sent a check in the amount of \$150.00.

Please correct this matter and advise as possible.

Sincerely yours,

  
Mario Garzon  
President