PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

02 WBC

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

FILED
02 NOV 12 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000031506

1. Corporation Name

BEST TRANSPORTATION SERVICES, INC.

Principal Place of Business	Mailing Address
1112 WESTON RD STE 233 WESTON FL 33326	1112 WESTON RD STE 233 WESTON FL 33326

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/03/1998

5. FEI Number: 65-0828929 ☐ 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	4 City / State / Zip
PD	LING, GAIL	14641 VISTA VERDI ROAD	DAVIE FL 33325

200008938992
11/12/02--01033--025 **150.00

8. Name and Address of Current Registered Agent

LING, GAIL
14641 VISTA VERDI ROAD
DAVIE FL 33325

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

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date:

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BEST TRANSPORTATION SERVICES, INC.
1112 WESTON ROAD
SUITE 233
WESTON, FL 33325

November 4, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Best Transportation Services, Inc.
EIN: 65-0828929

Dear Sir/Madam:

I am responding to your Notice of Administrative Dissolution or Revocation effective October 4, 2002.

Enclosed is a completed application for reinstatement and the $150 fee to file the report without penalty. Even though I am disabled, I have complied with all filing requirements for Best Transportation Services, Inc. of which I was aware.

Prior Uniform Business Report notices were not received by me.

I respectively request that Best Transportation Services, Inc. be reinstated as a corporation authorized to do business in the State of Florida.

Thank you for your consideration.

Sincerely,

Gail Ling

Gail Ling, President
Best Transportation Services, Inc,.