

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

2000 UBE

FILED

00 OCT 23 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000060673

1. Corporation Name

BEST PRINTERS SERVICE, INC.

Principal Place of Business

12311 S.W. 132ND COURT  
MIAMI FL 33186

Mailing Address

12311 S.W. 132ND COURT  
MIAMI FL 33186

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/08/1998

5. FEI Number

65-0849571

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
RAP	LOPEZ, ISIDRO	12311 SW 132 CT	MIAMI FL 33186

8000003474898  
11/22/00--01081--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

ISIDRO, LOPEZ  
12311 SW 132 CT  
MIAMI FL 33186

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

Oct. 17/00 (301) 968-0590

CR2E040 (8/00)

# **BEST** *docs*

## **PRINTERS SERVICES, INC.**

FLORIDA DPARTMENT OF STATE  
DIVISION OF CORPORATIONS.

I just received the application for reinstatement, after looking at it for a few minutes, I decided to call the division of corporation.

They answer all my questions. after talking on the phone for a couple minutes, i then realized what the document is all about.

I told the person that I was talking, that we never received a previos notification, if We had, We would have send a check.

So, She told me to go ahead and send \$150.00 for the reinstatement.

I was no aware that our corporation was revoked.

I am very sorry, but these will never happern again

Sincerely,



Isidro Lopez