

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 16 PM 2:12

DOCUMENT # **P98000060673**

1. Corporation Name

BEST PRINTERS SERVICE, INC.

Principal Place of Business

Mailing Address

12311 S.W. 132ND COURT
MIAMI FL 33186

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/08/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0849571

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
RAP	LOPEZ, ISIDRO	12311 SW 132 CT	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISIDRO, LOPEZ
12311 SW 132 CT
MIAMI FL 33186

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. or 617.0505, F.S.

Signature of
Registered Agent

Isidro Lopez

REGISTERED AGENT MUST SIGN

Date

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:

Isidro Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)

BEST

PRINTERS SERVICES, INC.

10-13-03

To who it May Concern.

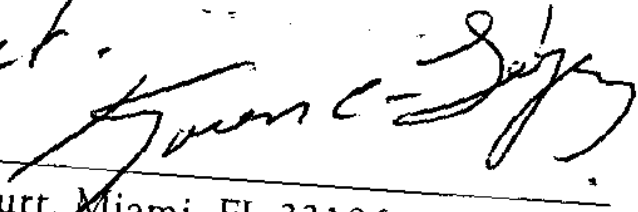
The purpose of this Letter to request the reinstatement Fee to be waived. My husband Isidro Lopez is been Sick since January.

I (Karen Lopez) had to take over the company to not let it go down. its been a hard time learning all this new things, Administration and Production All at once.

I did not see the First Letters send to us. with the UBR Form.

Please, Consider my case my business is in a thin line. I'm Trying to keep it a float. but is hard with so many expenses.

Thank you For your attention to this matter.



12311 SW 132 Court, Miami, FL 33186
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