

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 24 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000076304

1. Corporation Name

BEST CARPENTRY, INC.

Principal Place of Business

Mailing Address

7713 S.W. 88TH STREET
APT. A-309
MIAMI FL 33156

7713 S.W. 88TH STREET
APT. A-309
MIAMI FL 33156

REINSTATEMENT 99-00



4/7/99 90122049 \$150.00

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

2. New Principal Office Address, If Applicable
11100 S.W. 203 Street.

3. New Mailing Office Address, If Applicable
11100 S.W. 203 Street.

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State
Miami Florida.

City & State
Miami Florida

65-0860789

Not Applicable

Zip
33189

Country
U.S.A.

Zip
33189

Country
U.S.A.

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
PSTD	FUENTES, ODILON	7713 S.W. 88TH STREET A-309	MIAMI FL 33156
		NEW ADDRESSES 11100 S.W. 203 Street.	Miami, FL 33189

100003230431-2
-05/01/00--01014--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FUENTES, ODILON
7713 S.W. 88TH STREET
APT. A-309
MIAMI FL 33156

Name
Fuentes Odilon
Street Address (P.O. Box Number is Not Acceptable)
11100 S.W. 203 Street.

Suite, Apt. #, Etc.

City
Miami, Florida

State
FL

Zip Code
33189.

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
REGISTERED AGENT MUST SIGN

Date
4/11/00

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.

KE

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2000 (305) 798-1022
Date Daytime Phone #

CR2E040 (8/99)