

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 JUN -9 PM 3:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000105939

1. Corporation Name

W.G. Best Florida, Inc.

REINSTATEMENT 0406

2. Principal Office Address  
7611 Convoy Ct

Suite, Apt. #, etc.

City & State  
San Diego, CA

Zip  
92111

Country  
USA

3. Mailing Office Address  
7611 Convoy Ct

Suite, Apt. #, etc.

City & State  
San Diego, CA

Zip  
92111

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida 12/22/98

5. FEI Number  
59-3553032

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Michael A Paasch

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

Suite, Apt. #, Etc.

City  
Orlando

State  
FL

Zip Code  
32802

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 6/8/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President + Director	William Hopkins	7611 Convoy Ct	San Diego, CA 92111

500076225205  
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10. 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 contained in Chapter 119, 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:

*William Hopkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-06

Date

Daytime Phone #