

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 OCT 30 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000037527

1. Corporation Name

Best Boat Care, Corp.

2. Principal Office Address - No P.O. Box #

2150 W 10th Ct

Suite, Apt. #, etc.

City & State

Hialeah FL

Zip

33010

Country

USA

3. Mailing Office Address

4410 W 16th Ave

Suite, Apt. #, etc.

5-338

City & State

Hialeah, FL

Zip

33012

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/26/99

5. FEI Number

650914244

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

Carmen R Ramos

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

4410 W 16 Ave

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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]*

Date 10/28/08

REGISTERED AGENT MUST SIGN

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
PD	Carmen R. Ramos	4410 W 16th Ave	Hialeah, FL 33012
			700137484737 10/30/08--01035--020 **500.00
			700137484737 10/30/08--01035--021 **500.00
			700137484737 10/30/08--01035--022 **200.00

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 0108  
CR2E081 (10/08)

10/31/08