

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

2000 UBE

DOCUMENT # P99000060507

1. Corporation Name

PARRAMORES BEST, INC.

Principal Place of Business

648 WEST WASHINGTON STREET
ORLANDO FL 32801

Mailing Address

648 WEST WASHINGTON STREET
ORLANDO FL 32801

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

07/07/1999

5. FEI Number

59-3605279

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
PSTD	AL-FARWAN, MARWAN	648 WEST WASHINGTON STREET	ORLANDO FL 32801

500003474895--9
-11/22/00--01081--002
****150.00 ****150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

MARWAN AL-FARWAN

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

10 228 RIVERS TRAIL DR.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32817-2887

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 10-11-00

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.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-11-00 407-650-9588

Daytime Phone #

20F2

DEAR SIR/MAM:

THIS IS THE THIRD TIME THAT I SEND YOU

THIS REPORT, FIRST I DIDN'T RECEIVE IT IN THE

MAIL FOR RENEWAL, I CALLED YOUR OFFICE FOR A COPY

AND I WAS ASKED TO WRITE A HARDSHIP LETTER, I

THAT AS SOON AS I GOT THE APPLICATION AND SEND ACH

#1126 FOR 150\$ AS I WAS TOLD THE CHECK HAS NOT

CLEARED YET, I RECEIVED ANOTHER LETTER FROM YOU

I CALLED YOUR OFFICE AGAIN TO FIND OUT THAT

YOU HAVE NOT GOT IT YET, I AM SENDING THIS LETTER

AGAIN HOPING THAT YOU'LL SEE TO IT AND DO WHAT

YOU NEED SO ~~MY~~ MY STATUS WILL GO BACK TO NORMAL

YOUR TIME IS GREATLY APPRECIATED,

SINCERELY YOURS

407-650-9588

Marywan A. Jovan 10-11-00