

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION FOR



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

DOCUMENT # P99000060507

1. Corporation Name
PARRAMORES BEST, INC.

FILED
00 OCT 23 AM 11:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
648 WEST WASHINGTON STREET 648 WEST WASHINGTON STREET
ORLANDO FL 32801 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 3. New Mailing Office Address, If Applicable 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
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 9. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134
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] REGISTERED AGENT MUST SIGN Date 10-11-00

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.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10-11-00 Daytime Phone # 407-650-9588

KE

CR2E040 (8/00)

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

MAYYAN AL JAWAN 10-11-00