

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

Pat

DOCUMENT # P99000076021

1. Corporation Name

BEST, INC.

00 OCT 26 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

14 CLARK ST.
WEST PALM BEACH FL 33405

14 CLARK ST.
WEST PALM BEACH FL 33405



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

45 Turtleback Trail
Suite, Apt. #, etc.

45 Turtleback Trail
Suite, Apt. #, etc.

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Zip

33405

33405

Country

Country

USA

USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/20/1999

5. FEI Number

85-0952119

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

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
D	BEST, DONALD L JR.	14 CLARK ST.	WEST PALM BEACH FL 33405

500003465265--6
-11/15/00--01121--004
****158.75 ****158.75

8. Name and Address of Current Registered Agent

BEST, DONALD L JR.
14 CLARK ST.
WEST PALM BEACH FL 33405

9. Name and Address of New Registered Agent

Name
Best, Donald L. Jr.
Street Address (P.O. Box Number is Not Acceptable)
45 Turtleback Trail
Suite, Apt. #, Etc.

City

State

Zip Code

West Palm Beach

FL

33405

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

Donald L. Best
REGISTERED AGENT MUST SIGN

Date

10/23/00

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:

Donald L. Best
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/00 904-631-3225

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Donald L. Best Jr.
Best Incorporated
45 Turtleback Trail
Ponte Vedra Beach, Fl.
32082
904-543-1444

October 23, 2000

To whom it may concern,

I recently received your "Certificate of Administrative Revocation" for Best Incorporated because I failed to file it's 2000 Corporation Annual Business Report.

Being a new Florida corporation, I was not aware such a yearly report existed and because of relocating to Jacksonville and having a change of address, I somehow did not receive the "Business Report" from your office to file.

I did make an effort to notify everyone of my change of address and inclosed are copies of some Corporate and State forms which show my new address. Some how your division was missed.

I spoke to one of your office representatives and was told to file the application I just received for reinstatement, forward a check for \$150.00 and give your office a written explanation as to why the "Corporate Annual Business Report" was not filed in a timely manner.

Your co-operation, understanding and help in this matter would be greatly appreciated.

Respectively Submitted,

Donald L. Best Jr.

