

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000110136

1. Corporation Name

BEST INTERNATIONAL DISTRIBUTORS, INC.

Principal Place of Business

1640 NW 17TH AVENUE
MIAMI FL 33125

Mailing Address

1640 NW 17TH AVENUE
MIAMI FL 33125

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1999

5. FEI Number

05-0973604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NOEL RODRIGUEZ	14000 SW 24TH ST.	HOMESTEAD, FL 33032
SD	NIDIA DIAZ	10185 COLLINS AVE	BAL HARBOR, FL 33154
			400003493314--9 -12/11/00--01037--002 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

LAMCHICK, BRUCE
9130 S DADELAND BLVD., SUITE 11011
MIAMI FL 33156

9. Name and Address of New Registered Agent

Name

NIDIA DIAZ

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

10185 COLLINS AVE

Suite, Apt. #, Etc.

APT 1501

City

BAL HARBOR

State

FL

Zip Code

33154

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)

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 26 OCTOBER 2000

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 OCTOBER 2000

Date

Daytime Phone #

KE