

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 16 PM 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000019283

1. Corporation Name

"B"  
BING THE BEST, INC

2. Principal Office Address  
1399 N. KILLIAN DR, SUITE 2

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE # 2

Suite, Apt. #, etc.

City & State

LAKE PARK, FL

City & State

FL

Zip

33403

Country

U.S.A

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 2/20/2001

5. FEI Number  
52-2295834

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-04

7. Name and Address of Current Registered Agent

Name

CARLTON A. R. WADE

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

11795 OSPREY POINTE CIR

Suite, Apt. #, Etc.

WELLINGTON

City

WELLINGTON

State

FL

Zip Code

33467

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)*  
REGISTERED AGENT MUST SIGN

Date 11/15/04

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
PRESIDENT	CARLTON A. R. WADE	11795 OSPREY POINTE CIR	WELLINGTON, FL, 33467
VICE PRESIDENT	LASETTE WADE	" " "	" " "

100042830801  
11/15/04--01033--024 \*\*1050.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/04

Date

561-202-4046

Daytime Phone #

CR2E001 (07/04)