2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 FEB 11 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012835 04-05

1. Entity Name:
BEST HEALTH, INC.
REINSTATEMENT

Principal Place of Business	Mailing Address
6830 VIA REGINA BOCA RATON, FL 33433	6830 VIA REGINA BOCA RATON, FL 33433

02082005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	3163 Kennedy Blvd Suite, Apt. #, etc.
City & State	Jersey City City & State New Jersey
Zip / Country	Zip 07306 / Country USA

4. FEI Number 36-4488591 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOGAN, MAUREEN 6830 VIA REGINA BOCA RATON, FL 33433	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2/9/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GILBERT, ROBERT 3163 KENNEDY BLVD. JERSEY CITY, NJ 07306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HOGAN, MAUREEN 6830 VIA REGINA BOCA RATON, FL 33433	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100046458821 02/11/05--01046--020 **300.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition SP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/9/05 2017987082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

BEST HEALTH, INC.

3163 KENNEDY BOULEVARD 1ST FL
JERSEY CITY, NEW JERSEY 07306
T 201.217.4137
F 201.876.5023
RG@IMNETINC.COM

798-4627

SUSAN PAYNE
OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS
PO BOX 6198
TALLAHASSEE, FL 32314-6198

REFERENCE: BEST HEALTH, INC.
EIN 36-4488591

FEBRUARY 4, 2005

DEAR MS. PAYNE:

AS PER YOUR INSTRUCTIONS WE ARE ENCLOSING "ANNUAL REPORT" FEES FOR THE YEARS 2004 AND 2005. PLEASE WAIVE THE REINSTATEMENT FEE AS THE COMPANY WAS NOT PREVIOUSLY ABLE TO EFFECT A CHANGE OF MAILING ADDRESS.

PLEASE CHANGE THE MAILING ADDRESS OF THE ABOVE REFERENCED COMPANY FROM:

6830 VIA REGINA
BOCA RATON, FL 33439-3966

TO:

BEST HEALTH, INC.
3163 KENNEDY BOULEVARD
JERSEY CITY, NEW JERSEY 07306
ATTENTION: ROBERT J. GILBERT

THANK YOU IN ADVANCE FOR YOUR HELP.

VERY TRULY YOURS,

ROBERT J. GILBERT
PRESIDENT
BEST HEALTH, INC.