2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000090400

1730 NW 27 TERRACE

FORT LAUDERDALE, FL 33311

Address: City-St-Zip:

FILED Oct 11, 2007 Secretary of State

| Entity Na | me: BEST BU | ILDERS OF AMERICA, INC. | | | |
|---|---|--|---|---|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | |
| 4053 SW 4 PLANTAT | 4 STREET ION, FL 33317 | | | | |
| Current Mailing Address: | | | New Mailing Addres | s: | |
| 4053 SW 4 PLANTAT | 4 STREET ION, FL 33317 | | | | |
| FEI Number | : 65-1039995 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of New Registered Agent: | | |
| | 4 STREET ION, FL 33317 | | | | |
| | e named entity s e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATUI | RE: MAURICE | YOUNG | | | |
| | Electron | ic Signature of Registered Ag | ent | Date | |
| | | 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). | ot receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | DPV () YOUNG, MAUR 4053 SW 4 STF PLANTATION, F | REET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | T () YOUNG, MAUR 4053 SW 4 STF PLANTATION, F | REET | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S () NEWBOLD, LE | Delete TITIA | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: MAURICE YOUNG DPV 10/11/2007