

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000009549 1. Entity Name BEST FLORIDA MORTGAGE CORP.				 <div style="text-align: right;"> FILED 06 DEC 12 PM 2:36 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 12555 ORANGE DRIVE 217 DAVIE, FL 33330 US			Mailing Address 12555 ORANGE DRIVE 217 DAVIE, FL 33330 US		
2. Principal Place of Business 2609 SW 33rd ST Suite, Apt. #, etc. 103-8 City & State OCALA FL Zip 34476 Country USA		3. Mailing Address 2609 SW 33rd ST Suite, Apt. #, etc. 103-8 City & State OCALA, FL Zip 34476 Country USA		12112006 REIN-P CR2E098 (11/05) 06 4. FEI Number 65-1069864 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			6. Name and Address of Current Registered Agent BRAVO, FELIX D 520 NW 106 TERR. PEMBROKE PINES, FL 33026		
7. Name and Address of New Registered Agent Name BRAVO, Felix D Street Address (P.O. Box Number is Not Acceptable) 4909 SW 115 ST. Rd. City OCALA FL Zip Code 34476			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 <small>(Signature, typed or printed name of registered agent and title if applicable.)</small>			DATE 12-11-2006 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$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	PTD BRAVO, FELIX D 520 NW 106 TERR. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRAVO, Felix D 4909 SW 115 ST Rd OCALA, FL. 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BRAVO, GRACIELA S 520 NW 106 TERR. PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BRAVO, GRACIELA S. 4909 SW 115 ST. Rd. OCALA, FL. 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700082480597 12/12/06--01049--001 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE 12-11-06 (352) 237-4600 <small>Daytime Phone #</small>		