


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		05 JUN 13 PM 3:03 REINSTATEMENT	
DOCUMENT # <b>P01000079954</b>					
1. Corporation Name <b>Best choice Insurance Agency Corp.</b>					
2. Principal Office Address <b>995 E. 52nd St.</b>			3. Mailing Office Address <b>P.O. Box 4662</b>		
Suite, Apt. #, etc. <b>Suite #A</b>			Suite, Apt. #, etc. 		
City & State <b>Hialeah, FL</b>			City & State <b>Hialeah, FL</b>		
Zip <b>33013</b>	Country <b>U.S.A</b>	Zip <b>33014</b>	Country <b>U.S.A.</b>	4. Date Incorporated or Qualified To Do Business in Florida <b>06-07-04 90003 033 \$150.00</b> <b>REINSTATEMENT 03-05</b>	
5. FEI Number <b>65-1129927</b>				Applied For <input type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name <b>Maydelis LARA</b>					
Street Address (P.O. Box Number is Not Acceptable) <b>6990 N.W. 179 St</b>					
Suite, Apt. #, Etc. <b>#201</b>					
City <b>Miami</b>				State <b>FL</b>	Zip Code <b>33015</b>
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 <b>Maydelis LARA</b>				Date <b>6-8-05</b>	
REGISTERED AGENT MUST SIGN					
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		
Pres.	Maydelis LARA	6990 N.W. 179 St #201	Miami, FL 33015		
V.P.	Amado Venegas	6886 Brest Esp. #3	M.B., FL 33141		
			300056215263 06/15/05--01042--018 **150.00		
			300056215263 06/15/05--01042--019 **150.00		
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)(f), 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: <b>Maydelis LARA</b>				Date: <b>6-8-05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

CR2E081 (01/05)

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Best Choice Insurance Agency Corp.  
P.O. BOX 4662  
Hialeah, FL 33014

April 15, 2005

Uniform Business Report  
Division of Corporations  
P.O. BOX 1500  
Tallahassee, FL 32302-1500

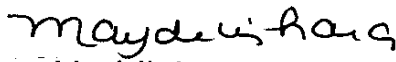
RE: P01000079954  
Tax ID: 65-1129927

In reference to the above mentioned corporation , please note that our office has moved and we have not received the UBR application this year.

Our new mailing address is: Best Choice Insurance Agency Corp., P.O. Box 4662, Hialeah, FL 33014.

Enclosed is a check for \$150.00 for this year. Please update your files with our new address.

Sincerely,

  
Maydelis Lara