PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

06 MAR 29 PM 5:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P0 2000083959

1. Corporation Name

THE BEST CUTS, CORP.

REINSTATEMENT 04-06 WSC

CR2E061 (12/05)

2. Principal Office Address	3. Mailing Office Address
5134 BISCAYNE BLVD.	
Suite, Apt. #, etc.: #206	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State
Zip: 3317 Country: DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 22-3862160 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: KEVIN BALBOA

Street Address (P.O. Box Number is Not Acceptable): 5134 BISCAYNE BLVD.

Suite, Apt. #, Etc.: #206

City: MIAMI, State: FL Zip Code: 33137

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: 3/25/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S P	KEVIN BALBOA	5134 BISCAYNE BLVD. #206	MIAMI, FL. 33137
P	Anne M. Vasallo	↓	
VP	Isabel Gomez Bassols	↓	
S	Kevin Balboa	↓	
			100069642571 04/05/06--01049--012 **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 contained in Chapter 119, 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3/25/06 Daytime Phone #: (305) 868-8725