2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# P03000131070

Entity Name: BEST INDIAN TRAVELS & TOURS, INC.

Current Principal Place of Business:

56 GABLES BLVD
WESTON, FL 33326

New Principal Place of Business:

19175 N GARDENIA AVE
WESTON, FL 33332

Current Mailing Address:

56 GABLES BLVD
WESTON, FL 33326

New Mailing Address:

19175 N GARDENIA AVENUE
WESTON, FL 33332

FEI Number: 20-0390313 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALEX, NINAN
56 GABLES BLVD
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ALEX, NINAN
19175 N GARDENIA AVE
WESTON, FL 33332 US

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.

SIGNATURE: NINAN ALEX 03/27/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ALEX, NINAN
Address: 56 GABLES BLVD
City-St-Zip: WESTON, FL 33326

Title: VP ( ) Delete
Name: ALEX, SARAMMA
Address: 56 GABLES BLVD
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ALEX, NINAN
Address: 19175 N GARDENIA AVE
City-St-Zip: WESTON, FL 33332

Title: VP (X) Change ( ) Addition
Name: ALEX, SARAMMA
Address: 19175 N GARDENIA AVE
City-St-Zip: WESTON, FL 33332

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: NINAN ALEX P 03/27/2007
Electronic Signature of Signing Officer or Director Date