

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000124743

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: FLORIDA BEST INSPECTIONS, INC.

## Current Principal Place of Business:

329 CLEMSON DR  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

209 STERLING SPRINGS LANE  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

329 CLEMSON DR  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

209 STERLING SPRINGS LANE  
ALTAMONTE SPRINGS, FL 32714

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

PEREZ, JORGE  
329 CLEMSON DR  
ALTAMONTE SPRINGS, FL 32714 US

## Name and Address of New Registered Agent:

CASTILLO, WALESKA  
209 STERLING SPRINGS LANE  
ALTAMONTE SPRINGS, FL 32714 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: WALESKA CASTILLO

04/26/2006

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: PSTD ( ) Delete  
Name: PEREZ, JORGE  
Address: 329 CLEMSON DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP ( ) Delete  
Name: PEREZ, JORGE  
Address: 329 CLEMSON DR  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: CASTILLO, WALESKA  
Address: 209 STERLING SPRINGS LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Change ( ) Addition  
Name: CASTILLO, WALESKA  
Address: 209 STERLING SPRINGS LANE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: WALESKA CASTILLO

PSTD

04/26/2006

Electronic Signature of Signing Officer or Director

Date