

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000015999

FILED
Oct 22, 2008
Secretary of State

Entity Name: BEST INSURANCE CHOICE CORP

Current Principal Place of Business:

8039 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 120816
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDERO, ALEXANDRA R
8039 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

CORDERO, CHRISTIAN W
8039 W SAMPLE RD
CORAL SPRINGS, FL 33065 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: CHRISTIAN CORDERO

10/22/2008

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: PD () Delete
Name: CORDERO, CHRISTIAN
Address: 8039 W SAMPLE RD
City-St-Zip: CORAL SPRINGS, FL 33065 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTIAN CORDERO

P

10/22/2008

Electronic Signature of Signing Officer or Director

Date