2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
08 OCT 30 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000067411

1. Entity Name
BEST A/C INC.

Principal Place of Business	Mailing Address
~~3420 21ST W.~~ ~~LEHIGH ACRES, FL 33971 US~~	1214 ARCHDALE ST. LEHIGH ACRES, FL 33936 US

10272008 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1214 ARCHDALE ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LEIHGH ACRES FL	City & State
Zip: 33936 Country: LEE	Zip Country

4. FEI Number: 20-2838049 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMITH, DALE R ~~3420 21ST W.~~ ~~LEHIGH ACRES, FL 33971~~	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2009, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SMITH, DALE R ~~3420 21ST W.~~ ~~LEHIGH ACRES, FL 33971~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1214 ARCHDALE ST LEIHGH ACRES, FL 33936
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000137484050 10/30/08--01033--024 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ______________________________
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/30