2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
2007 APR 23 AM 10:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000095493

1. Entity Name
B 4 C, INC.

Principal Place of Business	Mailing Address
702 NE 2ND AVE FT LAUDERDALE, FL 33304	702 NE 2ND AVE FT LAUDERDALE, FL 33304

04182007 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number — [X] 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
MARCUS, ALAN K 1320 S DIXIE HWY STE 1045 CORAL GABLES, FL 33146	Name: Shelley W. Shelley Street Address (P.O. Box Number is Not Acceptable): 2100 North Ocean Blvd. Apt. 1201 City: Ft. Lauderdale FL Zip Code: 33305

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: X _____ 04-19-2007
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHELLEY, SHELLEY W 702 NE 2ND AVE FT LAUDERDALE, FL 33304	[ ] Delete	DP Shelley, Shelley W 2100 North Ocean Blvd Apt. 1201 Ft. Lauderdale, FL 33305	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS HILL, ERNESTINE 702 NE 2ND AVE FT LAUDERDALE, FL 33304	[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete		[ ] Change [ ] Addition

B 4/26/07 $6-07

REINSTATEMENT

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: X _____ 04-19-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #