

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000125201

Entity Name: BEST HOME PRODUCTS INC.

FILED
Mar 22, 2007
Secretary of State

Current Principal Place of Business:

1217 CAPE CORAL PARKWAY E.
368
CAPE CORAL, FL 33904

Current Mailing Address:

1217 CAPE CORAL PARKWAY E.
368
CAPE CORAL, FL 33904

New Principal Place of Business:

4751 SOUTH OLD GOLDENROD ROAD
4
ORLANDO, FL 32822

New Mailing Address:

4751 SOUTH OLD GOLDENROD ROAD
4
ORLANDO, FL 32822

FEI Number: 20-3457247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANCO, JAIME A
1217 CAPE CORAL PARKWAY E.
368
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

FRANCO, JAIME
4751 SOUTH OLD GOLDENROD ROAD
4
ORLANDO, FL 32822 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: JAIME FRANCO

03/22/2007

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: VP () Delete
Name: LEFOSSE, GLORIA
Address: 1217 CAPE CORAL PARKWAY E.
City-St-Zip: CAPE CORAL, FL 33904

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: LEFOSSE, GLORIA
Address: 9204 SW 97TH AVE
City-St-Zip: MIAMI, FL 33176

Title: P () Change (X) Addition
Name: VELEZ, GEORGE L
Address: 9204 SW 97TH AVE
City-St-Zip: MIAMI, FL 33176

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: GLORIA LEFOSSE

VP

03/22/2007

Electronic Signature of Signing Officer or Director

Date