

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000000664

FILED  
Jan 24, 2008  
Secretary of State

Entity Name: BEST CHOICE CARPENTRY INC

## Current Principal Place of Business:

959 SE 2ND AVE BLDG 6  
147  
DEERFIELD BEACH, FL 33441

## Current Mailing Address:

959 SE 2ND AVE BLDG 6  
147  
DEERFIELD BEACH, FL 33441

## New Principal Place of Business:

959 SE 2ND AVE  
BLDG-3 APT-223  
DEERFIELD BEACH, FL 33441

## New Mailing Address:

959 SE 2ND AVE  
BLDG-3 APT-223  
DEERFIELD BEACH, FL 33441

FEI Number: 20-4048845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CSG - CAPITAL SERVICES GROUP INC  
822 SE 9TH ST  
PALM PLAZA  
DEERFIELD BEACH, FL 33441 US

## Name and Address of New Registered Agent:

CSG - CAPITAL SERVICES GROUP INC  
446 W HILLSBORO BLVD  
DEERFIELD BEACH, FL 33441 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: MARCOS REZENDE

01/24/2008

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: PDS ( ) Delete  
Name: DA SILVA, HALLUAN F  
Address: 959 SE 2ND AVE BLDG 6 #147  
City-St-Zip: DEERFIELD BEACH, FL 33441

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: DA SILVA, HALLUAN F  
Address: 959 SE 2ND AVE BLDG-3 #223  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: HALLUAN F DA SILVA

PDS

01/24/2008

Electronic Signature of Signing Officer or Director

Date