


-2008 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P06000012942		
1. Entity Name BEST BUY MORTGAGE GROUP INC		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY 23 AM 9:08

Principal Place of Business 9560 SW 137 AVENUE MIAMI, FL 33186	Mailing Address 9560 SW 137 AVENUE MIAMI, FL 33186
--	--

65-18-07 96025 031 \$150.00



REINSTATEMENT 07-04
01312081 REIN-P 072098 (1/07)

2. Principal Place of Business - No P.O. Box # 10780 W Flagler St #19	3. Mailing Address Same
--	----------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State Miami FL	City & State Same
--------------------------	----------------------

Zip 33174	Country Miami Code	Zip	Country
--------------	-----------------------	-----	---------

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent DONALD, PERNUDI SR 7600 SW 151 TERRACE MIAMI, FL 33158	
---	--

7. Name and Address of New Registered Agent	
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 <u>Perpennudi</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1-31-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
-----------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P PERNUDI, DONALD SR 7600 SW 151 TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VP PERNUDI, CLEO 7600 SW 151 TERRACE MIAMI, FL 33158
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600130904556 06/05/08--01028--004 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition BS/28/08
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 07-04
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Perpennudi</u> <u>Cleo Pernudi VP</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>01-31-08</u> (786)3803189 <small>Daytime Phone #</small>

Page 2 of 2

Best Buy Mortgage Corp

March 8, 2008

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Attn. Reinstatement Dpt

Ref: Document No. P06000012942

Gentlemen:

Following your office instructions enclosed please find Corporation Annual report for last year.

We have done payment on line in 2007, however your office never got the annual report.

Kindly process reinstatement in order for us to renew 2008.

Thanks,



Cleo Pernudi
President

.....