

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000025786

FILED
Nov 30, 2007
Secretary of State

Entity Name: FLORIDA BEST MORTGAGE COMPANY, INC.

Current Principal Place of Business:

16830 COLLINS AVE
SUNNY ISLES, FL 33160

New Principal Place of Business:

Current Mailing Address:

16830 COLLINS AVE
SUNNY ISLES, FL 33160

New Mailing Address:

FEI Number: 20-4360029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, HAROLDO S
16830 COLLINS AVE
SUNNY ISLES, FL 33160 US

Name and Address of New Registered Agent:

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: HAROLDO SILVA

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: D () Delete
Name: SILVA, HAROLDO S
Address: 19111 COLLINS AVE #1805
City-St-Zip: SUNNY ISLES, FL 33160

Title: D () Delete
Name: SALVADOR, PRISCILLA
Address: 1555 N. TREASURE DRIVE APT #515
City-St-Zip: N. BAY VILLAGE, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SILVA, HAROLDO S DIRECTO
Address: 19111 COLLINS AVE #1805
City-St-Zip: SUNNY ISLES, FL 33160

Title: B (X) Change () Addition
Name: HOLGADO, JOSE BROKER
Address: 1112 NW 141 ST AVE
City-St-Zip: PEMBROKE PINES, FL 33028

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: HAROLDO SILVA

D

11/30/2007

Electronic Signature of Signing Officer or Director

Date