

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P07000071975

1. Entity Name
THEBESTWAYTOBUYREALESTATE.COM, INC.



Principal Place of Business
**2011 NW 53RD STREET
BOCA RATON, FL 33496 US**

Mailing Address
**2011 NW 53RD STREET
BOCA RATON, FL 33496 US**

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

6. Name and Address of Current Registered Agent

**GROSS, CLIFFORD
2011 NW 53RD STREET
BOCA RATON, FL 33496**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$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
**DIR
GROSS, CLIFFORD
2011 NW 53RD STREET
BOCA RATON, FL 33496**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GROSS, CLIFFORD
2011 NW 53RD STREET
BOCA RATON, FL 33496**

☐ Delete

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GROSS, CLIFFORD
2011 NW 53RD STREET
BOCA RATON, FL 33496**

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100139019041
12/15/08--01047--006 **\$150.00**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-25-08

FILED

08 DEC 15 PM 4:37

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



1024208 REINP GR2E098 (1/07)

08

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required