


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P07000105094</b> 1. Entity Name <b>BEST CARE MARKETING, CORP.</b>						<b>FILED</b> <b>08 NOV 17 AM 9:03</b> <b>AT LASSEE, FLORIDA</b>	
Principal Place of Business <b>2530 SW 87 AVE</b> <b>E</b> <b>MIAMI, FL 33165</b>				Mailing Address <b>2530 SW 87 AVE</b> <b>E</b> <b>MIAMI, FL 33165</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>10282008</b>				REIN-P CR2E098 (1/07)			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable			
6. Name and Address of Current Registered Agent <b>MARQUEZ, JOSE L</b> <b>4212 SW 137 PL</b> <b>MIAMI, FL 33175</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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><i>Jose Luis Marquez VP</i></u> <b>11/10/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2009, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>700138009107</b>  <b>11/17/08--01056--023 **150.00</b> </div>			
NAME	MARQUEZ, JOSE L		NAME				
STREET ADDRESS	2530 SW 87 AVE, SUITE E		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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><i>Jose Luis Marquez VP</i></u> <b>11/10/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			