

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000065232

**FILED**  
**Oct 25, 2010**  
**Secretary of State**

**Entity Name:** HEAVENS BEST OF CENTRAL FLORIDA INC.

**Current Principal Place of Business:**

1684 CHERRY RIDGE DR.  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

1684 CHERRY RIDGE DR.  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 27-0715813

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMPSON, D. MICHAEL  
1684 CHERRY RIDGE DR.  
LAKE MARY, FL 32746 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:** D. MICHAEL THOMPSON

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P, D  
**Name:** THOMPSON, D. MICHAEL  
**Address:** 1684 CHERRY RIDGE DR.  
**City-St-Zip:** LAKE MARY, FL 32746 US

**Title:** S, T  
**Name:** KINSLEY, BRIAN  
**Address:** 1684 CHERRY RIDGE DR.  
**City-St-Zip:** LAKE MARY, FL 32746 US

I hereby 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 all other like empowered.

**SIGNATURE:** D. MICHAEL THOMPSON

OFFI

10/25/2010

Electronic Signature of Signing Officer or Director

Date