
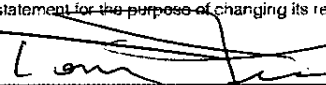
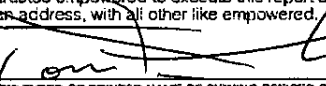


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P95000042608</b> 1. Entity Name FLORIDA'S BEST PROPERTIES, INC.					
Principal Place of Business 721 US #1 SUITE 223-4 NORTH PALM BCH, FL 22408-519 US			Mailing Address 12871 LA ROCHELLE CIR PALM BCH GARDENS, FL 33410-1414 US		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country			
4. FEI Number 65-0602003				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				10202004    REIN-P    CR2E098 (6/04)	
6. Name and Address of Current Registered Agent  RICE, TOM SR. 12871 LAROCHELLE CIR PALM BEACH GARDENS, FL 33410-1414			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:  DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST RICE, TOM SR 12871 LAROCHELLE CI PALM BEACH GARDENS, FL 334101414 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RICE, PAMELA J 12871 LAROCHELLE CIR PALM BCH GARDENS, FL 334101414 <input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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 exemption stated in Section 119.07(3)(c), 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.					
<b>SIGNATURE:</b>  Date: _____ Daytime Phone: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

APPROVED AND FILED  
6/27/04 9:05 AM  
04 OCT 25 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
REINSTATEMENT



TH



FLORIDA'S BEST PROPERTIES, INC.

TOM RICE, SR., REALTOR, GRI, LCAM  
PRESIDENT

October 20, 2004

TEL: (561) 626-4600

FAX: (561) 624-6338

E-Mail: tom@bestflrealty.com

Florida Department Of State  
DIVISION OF CORPORATIONS  
P.O. Box 6327 Tallahassee, FL 32314

RE: DOCUMENT NUMBER P95000042608 REINSTATEMENT

To Whom Concerned:

This is the second time that I have filed this report. The Department processed my payment in June 2004. (Bank Record Provided)

I originally attempted to make the payment "on line" back in May of 2004. I had a problem and called to get a "re-set" in order to file "on line" again. The system would not accept the application.

I contacted the Department again and was told to send a letter which I did including the information requested to be in the correspondence,

Now on October 19th, I received a post card claiming that I have not filed the application. I immediately contacted the Department. I was informed that "yes" you had a record of my payment but the "document" had been returned. I never received any returned document nor did I receive the renewal application originally.

I did ask your representative to reconfirm the mailing address, which was correct.

At any rate, this is the second written explanation concerning my UBR form for 2004. Again, you show my record of payment.

The Department has confirmed my efforts to have made payment in a timely manner. You should have on file my correspondence with explanation that accompanied the payment. I was informed then that there is no late fee or penalty applicable.

If there is any problem with this please contact me at 561-626-4600. Your cooperation in getting this resolved will be appreciated.

Sincerely,  
FLORIDA'S-BEST PROPERTIES, INC

TOM RICE SR., President

encl  
WTR/r

- ☐ 721 U.S.HIGHWAY ONE, SUITE 223-4, NORTH PALM BEACH, FL 33408-4519  
☐ 12871 LA ROCHELLE CIRCLE, PALM BEACH GARDENS, FL 33410-1414

Visit our Web Site: [www.bestflrealty.com](http://www.bestflrealty.com)

