## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P98000044147

FILED Oct 27, 2008 Secretary of State

Entity Nan	ne: BEST BA	IT, INC.					
Current Pi	incipal Place	of Business:	New Prince	New Principal Place of Business:			
	EAN SHORES O, FL 33037	DRIVE					
Current M	ailing Addres	s:	New Maili	ng Address	:		
	EAN SHORES O, FL 33037	DRIVE					
FEI Number:	65-0836101	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desire	d (X)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
KEY LARG	EAN SHORES O, FL 33037 named entity s	DRIVE US submits this statement for th	e purpose of changing i	ts registered	office or registered agent,	or both,	
SIGNATUR	RE: THOMAS	WILSON					
In accordance		iic Signature of Registered / 3(2)(b), F.S., the corporation dic	_	e.	Date		
Election Can	npaign Financing	Trust Fund Contribution ( ).	•				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	WILSON, THON	SHORES DRIVE	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	SENTZ, JEFFR	SHORES DRIVE	Title: Name: Address: City-St-Zip:	VD ( SENTZ, JEFF 178 LORELAI KEY LARGO,	NE PLACE		

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: THOMAS WILSON **PRES** 10/27/2008