2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S46915

Entity Name: ZEE-BEST PLUMBING, INC.

FILED Aug 02, 2007 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

9522 SW 1 PLACE 8313 NW 57 DRIVE

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33067 US

Current Mailing Address: New Mailing Address:

9522 SW 1 PLACE 8313 NW 57 DRIVE

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33067 US

FEI Number: 65-0257094 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ZOBOROSKI, JEFFREY COHEN, HARVEY 9522 SW 1 PLACE 8313 NW 57 DRIVE

CORAL SPRINGS, FL 33071 US CORAL SPRINGS, FL 33067 US

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: HARVEY COHEN 08/02/2007

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

P () Delete Title: DP (X) Change() Addition

 Name:
 ZOBOROSKI, JEFFREY,
 Name:
 COHEN, HARVEY,

 Address:
 9522 SW 1 PLACE
 Address:
 8313 NW 57 DRIVE

 City-St-Zip:
 CORAL SPRINGS, FL
 City-St-Zip:
 CORAL SPRINGS, FL 33067

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Title: VP () Delete Title: VP (X) Change () Addition Name: COHEN, HARVEY, Name: ZOBOROSKI, JEFFREY,

Address: 8313 NW 57TH DRIVE Address: 9522 SW 1 PLACE
City-St-Zip: CORAL SPRINGS, FL City-St-Zip: CORAL SPRINGS, FL 33071

Title: S () Delete Title: S (X) Change () Addition Name: ZOBOROSKI, MARIA, Name: COHEN, CRAIG,

Address: 9522 SW 1 PLACE Address: 4804A WEST BEXLEY PARK DRIVE

City-St-Zip: CORAL SPRINGS, FL City-St-Zip: DELRAY BEACH, FL 33445

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: HARVEY COHEN DP 08/02/2007