

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 24 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000066408

1. Limited Liability Company's Name

BEST CHOICE CAPITAL MANAGEMENT, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
1117 30TH AVE WEST

3. Mailing Office Address
1117 30TH AVE WEST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip Country
34205 USA

Zip Country
34205 USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida 09/09/2004

6. FEI Number
20-1600154

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
PETER H. HOYT

Street Address (P.O. Box Number is Not Acceptable)
1117 30TH AVE

Suite, Apt. #, Etc.

City
BRADENTON

State Zip Code
FL 34205

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

Peter H Hoyt

Date 02/13/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	PETER H. HOYT	1117 30TH AVE WEST	BRADENTON, FL 34205
MGR	SUNNY DECKER	1117 30TH AVE WEST	BRADENTON, FL 34205
MGR	SCOTT BRYCE	5130 E. CHARLESTON BLVD. #5-303	LAS VEGAS, NV 89142
000145248620 03/09/09--01002--011 **855.00			
REINSTATEMENT -06-07-08-09 <i>C.B.</i>			

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

Scott Bryce

Date 2-13-09 Daytime Phone # 702-498-4001

Typed or printed name of signing Managing Member/Manager Scott Bryce