

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000002136

1. Limited Liability Company's Name

Best Vacuum LLC

2. Principal Office Address - No P.O. Box #

2217 S. Fardon Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Crestview FL

City & State

Zip

Country

32536 Okaloosa

Zip

Country

4. State/Country of Formation

Florida USA

5. Date Organized or Qualified
To Do Business in Florida

Jan 06, 2006

6. FEI Number

20-4053284

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

Darren Faircloth

Street Address (P.O. Box Number is Not Acceptable)

5856 Calumet Ct.

Suite, Apt. #, Etc.

City

Crestview FL

State

FL

Zip Code

32536

☒ 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

Dh

Date

12-30-08

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
<i>mgr</i>	Darren Faircloth	5856 Calumet Ct	Crestview FL 32536

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REINSTATEMENT

07-09 DB

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

Dh

Date

12-30-08

Daytime Phone #

850-902-6242

Typed or printed name of signing Managing Member/Manager

Darren Faircloth