

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 15 AM 11:06

1. DOCUMENT # L02000031323

Name and Mailing Address

0012800 01 AT 0.292 **AUTO T6 0 0615 33480-422946



BESTHOTEL.COM, L.L.C.
246 SEASPRAY AVENUE
PALM BEACH FL 33480-4229

800024378978
11/03/03--01057--005 **150.00



2. New Mailing Address

277 Royal Poinciana Way #132
City, State, Zip
Palm Beach, Florida 33480

Principal Place of Business
246 SEASPRAY AVENUE
PALM BEACH FL 33404

3. New Principal Place of Business Address

277 Royal Poinciana Way, 132
City, State, Zip
Palm Beach, FL. 33480

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/21/2002

6. FEI Number
050541063

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

HARRIS, J. RICHARD
4400 P.G.A. BLVD
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/29/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	MICHAEL MARQUES	246 SEASPRAY AV.	PALM BEACH, FL. 33480

REINSTATEMENT

03
Dec

12. 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

[Signature]
MANAGING MEMBER/Manager

Date

10/29/03

Daytime Phone #

561-804-9197