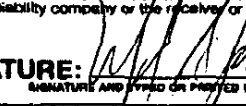


2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000026763			
1. Entity Name BEST MOTOR WORKS & SPORT LLC			
Principal Place of Business 1136 S.E. VEITCH STREET GAINESVILLE, FL 32601		Mailing Address 1136 S.E. VEITCH STREET GAINESVILLE, FL 32601	
2. Principal Place of Business 65 SE 10th Ave Suite, Apt. #, etc.		3. Mailing Address 65 SE 10th Ave Suite, Apt. #, etc.	
City & State Gainesville FL		City & State Gainesville FL	
Zip 32601	Country	Zip 32601	Country
4. FEI Number 20-0116331		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name IVONNE VAZQUEZ Street Address (P.O. Box Number is Not Acceptable) 7621 NW 40th Ave City Gainesville FL Zip Code 32606	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!! FEE IS \$50.00 After January 1, 2006, Fee will be \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR VAZQUEZ, IVONNE 7621 N.W. 40TH AVENUE GAINESVILLE, FL 32606 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 500042286025 10/28/04--01054--004 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 		10/24/04 (352) 375-8346	

FILED

04 OCT 28 PM 2:11
SECONDARY OF STATE
TALLAHASSEE, FLORIDA

10252004 REIN-LLC CR2E101 (6/04)

REINSTATEMENT