2004 LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L03000026763

1. Entity Name
BEST MOTOR WORKS & SPORT LLC

Principal Place of Business	Mailing Address
1136 S.E. VEITCH STREET GAINESVILLE, FL 32601	1136 S.E. VEITCH STREET GAINESVILLE, FL 32601

10252004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
65 SE 10th Ave	65 SE 10th Ave
Suite, Apt. #, etc.	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 40 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: Ivonne Vazquez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
After January 1, 2005, Fee will be $150.00

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

Make check payable to Florida Department of State

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	500042286025 10/28/04--01054--004 **50.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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REINSTATEMENT 2004

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 608, Florida Statutes.

SIGNATURE: [signature] 10/24/04 (352) 375-8346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #