


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 DEC 27 PM 2:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>LO4000030789</u>					
1. Limited Liability Company's Name <u>Best Enterprises LLC</u>					
2. Principal Office Address - No P.O. Box # <u>1903 Trapnell St.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>1903 Trapnell St.</u> Suite, Apt. #, etc.		4. State/Country of Formation	
City & State <u>Tallahassee FL.</u>		City & State <u>Tallahassee FL</u>		5. Date Organized or Qualified To Do Business in Florida	
Zip <u>32314</u>	Country	Zip <u>32314</u>	Country <u>USA</u>	6. FEI Number <u>52-2442275</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Name <u>Rodney Anderson</u>				<input checked="" type="checkbox"/> 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.	
Street Address (P.O. Box Number is Not Acceptable) <u>1903 Trapnell St</u>					
Suite, Apt. #, Etc.					
City <u>Tallahassee FL</u>	State <u>FL</u>	Zip Code <u>32314</u>			
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 <u>Rodney Anderson</u> REGISTERED AGENT MUST SIGN				Date <u>12-27-07</u>	
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	
<u>mgm</u>	<u>Rodney Anderson</u>	<u>1903 Trapnell St Tallahassee FL 32314</u>		<u>Tallahassee FL 32314</u>	
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 <u>Rodney Anderson</u>				Date <u>12-27-07</u> Daytime Phone # <u>850 508 5063</u>	
Typed or printed name of signing Managing Member/Manager					