

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 26 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000050955

1. Limited Liability Company's Name

The Best Express LLC

CR2E041 (1/07)

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

10865 William and Mary Ct

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 692287

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip
32821

Country

Orange

City & State

Orlando, FL

Zip
32869-2287

Country

Orange

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

7/14/2004

6. FEI Number

201834458

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

John Zahnleuter

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

10865 William and Mary Ct.

Suite, Apt. #, Etc.

City
Orlando,

State
FL

Zip Code
32821

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date 2-16-2007

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
MGRM	John Zahnleuter	1190 Mineola Circle	Palm Harbor, FL 34683
MGRM	Patricia Best	10865 William and Mary Ct.	Orlando, FL 32821
MGRM	Richard Best	10865 William and Mary Ct.	Orlando, FL 32821

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03/01/2007-01048--003 **255.00

REINSTATEMENT 05-07

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

[Signature]

Date 2-16-2007

Daytime Phone # 407-248-1148

Typed or printed name of signing Managing Member/Manager John Zahnleuter