

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

CR2E041 (1/07)

DOCUMENT # L04000050955

1. Limited Liability Company's Name

The Best Express LLC

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

10865 William and Mary Ct

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32821

Country

Orange

3. Mailing Office Address

P.O. Box 692287

Suite, Apt. #, etc.

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

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.

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

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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**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