

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 JUL 31 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000052326

1. Limited Liability Company's Name

Tampa Bay's Best LLC.

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

6414 Willow Wood Ct

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

US

3. Mailing Office Address

6414 Willow Wood Ct

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33634

Country

US

CR2E041 (1/14)

4. State/Country of Formation

FL - U.S.

5. Date Organized or Qualified
To Do Business in Florida

March 2005

6. FEI Number

20-290-5951

☒ 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

Michael F Miller Jr

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

6414 Willow Wood Ct

Apt. #, Etc.

City

Tampa, FL

State

FL

Zip Code

33634

100275618501

07/31/15--01003--010 **100.00

REINSTATEMENT

2015

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Michael F Miller Jr

Date 7-29-15

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Michael F Miller Jr	6414 Willow Wood Ct	Tampa, FL 33634
AR	Richard G English Jr	Po# 26416	Tampa, FL 33685

11. E-mail Address:

tampabaybest@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Michael F Miller Jr

Date

7-29-15

Daytime Phone #

813-817-5550

Typed or printed name of signing authorized representative/member

Michael F Miller Jr