

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

10 APR -6 AM 10:43

SECRETARY OF STATE
FALLAHASSEE, FLORIDA

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04/05/10--01059--011 **418.25

CR2E041 (11/09)

LIMITED LIABILITY COMPANY REINSTATEMENT 	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L05000064684
 1. Limited Liability Company's Name
J & T BEST INVESTMENTS, LLC

2. Principal Office Address - No P.O. Box # 8181 NW 36TH ST		3. Mailing Office Address 10347 NW 56TH TERRACE	
Suite, Apt. #, etc. STE 27		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33166	Country US	Zip 33178	Country US

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 06/29/2008	
6. FEI Number 20-3094714	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for Certificate of Status	

8. Name and Address of Current Registered Agent

Name
SIU F TANG

Street Address (P.O. Box Number is Not Acceptable)
8181 NW 36TH ST

Suite, Apt. #, Etc.
STE 27

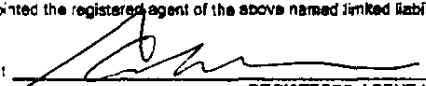
City
MIAMI

State
FL

Zip Code
33166

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:  Date **4/1/2010**

REGISTERED AGENT MUST SIGN

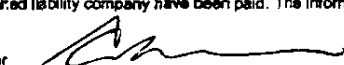
10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SIU F TANG	10347 NW 56TH TERRACE	MIAMI FL 33178 US
MGR	KIT M TANG	10347 NW 56TH TERRACE	MIAMI FL 33178 US

REINSTATEMENT 08-10

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager of 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:  Date **4/1/2010** Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager **SIU F TANG**