

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000073744

1. Limited Liability Company's Name

Best, LLC

2. Principal Office Address - No P.O. Box #
4393 Commons Dr E

Suite, Apt. #, etc.

3. Mailing Office Address
4393 Commons Dr E

Suite, Apt. #, etc.

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
USA

Zip
32541

Country
USA

8. Name and Address of Current Registered Agent

Name
Davage J. Runnels, III

Street Address (P.O. Box Number is Not Acceptable)
4399 Commons Dr E

Suite, Apt. #, Etc.
Suite 300

City
Destin

State
FL

Zip Code
32541

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

REGISTERED AGENT MUST SIGN

Date

8/6/12

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 | Grady L. Elder, III | 4393 Commons Dr E | Destin, FL 32541 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT 10-12
[Signature]

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 608.408, 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 Managing
Member/Manager

[Signature]

Date

8/6/12

Daytime Phone #

850-269-8265

Typed or printed name of signing Managing Member/Manager **Grady L. Elder, III**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500238296045
08/08/12--01015--016 **516.25
CR2E041 (1/11)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **July 25, 2005**

6. FEI Number **203212360**
☐ Applied For
☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

E-mail Address:

GElder@preferredbeachproperties.com
(To be used for future annual report notices)