


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 10 FEB 22 AM 10:22 500170050705 02/22/10--01005--019 **\$655.00 CR2E041 (11/09)																	
DOCUMENT # <u>L05000077043</u>																					
1. Limited Liability Company's Name <u>BESS FOR LESS, LLC</u>																					
2. Principal Office Address - No P.O. Box # <u>5820 NW 122nd Terrace</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5820 NW 122nd Terrace</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FLORIDA / USA</u>																	
City & State <u>Coral Springs, FL</u> Zip Country <u>33076 USA</u>		City & State <u>Coral Springs, FL</u> Zip Country <u>33076 USA</u>		5. Date Organized or Qualified To Do Business in Florida <u>8/3/2005</u>																	
6. FEI Number				Applied For <input type="checkbox"/> Not Applicable																	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status																	
8. Name and Address of Current Registered Agent																					
Name <u>FITZROY LAING</u>																					
Street Address (P.O. Box Number is Not Acceptable) <u>7410 WISTERIA AVE</u>																					
Suite, Apt. #, Etc.																					
City <u>PARKLAND</u>				State Zip Code <u>FL 33076</u>																	
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 <u>[Signature]</u>				Date <u>2/18/10</u>																	
REGISTERED AGENT MUST SIGN																					
10. Names and Street Addresses of Managing Members/Managers																					
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 15%;">Titles</th><th style="width: 35%;">Name of Managing Members/Managers</th><th style="width: 35%;">Street Address of Each Managing Member/Manager</th><th style="width: 15%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>MGR</u></td><td><u>FITZROY LAING</u></td><td><u>7410 WISTERIA AVE</u></td><td><u>PARKLAND, FL 33076</u></td></tr><tr><td><u>MGR</u></td><td><u>PEARLINE ROSE</u></td><td><u>7410 WISTERIA AVE</u></td><td><u>PARKLAND, FL 33076</u></td></tr><tr><td colspan="4" style="text-align: center;">REINSTATEMENT <u>2007-2010</u></td></tr></tbody></table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	<u>MGR</u>	<u>FITZROY LAING</u>	<u>7410 WISTERIA AVE</u>	<u>PARKLAND, FL 33076</u>	<u>MGR</u>	<u>PEARLINE ROSE</u>	<u>7410 WISTERIA AVE</u>	<u>PARKLAND, FL 33076</u>	REINSTATEMENT <u>2007-2010</u>			
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11. E-mail Address: <u>GURDIE1@YAHOO.COM</u> <small>(To be used for future annual report notifications)</small>																					
12. 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 <u>[Signature]</u>				Date <u>2/18/10</u> Daytime Phone # <u>917-806-2508</u>																	
Typed or printed name of signing Managing Member/Manager																					

T. Hampton FEB 23 2010