

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000108234

1. Limited Liability Company's Name

Best Buds of Okeechobee, LLC

09

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

413 SW Park Street

Suite, Apt. #, etc.

3. Mailing Office Address

413 SW Park Street

Suite, Apt. #, etc.

City & State

Okeechobee, Florida

City & State

Okeechobee, Florida

Zip

34974

Country

US

Zip

34974

Country

US

4. State/Country of Formation

Florida/US

5. Date Organized or Qualified

To Do Business in Florida November 2006

6. FEI Number

20-5856845

☐ 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

Theresa Ann Nunez

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

7960 SW 9th Street

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

☒ 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

*Theresa Ann Nunez*

REGISTERED AGENT MUST SIGN

Date 10/19/09

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
MGM	Theresa Nunez	7960 SW 9th St.	Okeechobee, FL 34974

REINSTATEMENT

Without Penalty

2009 up 11/16/09

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

*Theresa Ann Nunez*

Date 10/19/09 Daytime Phone # 863-697-3414

Typed or printed name of signing Managing Member/Manager