

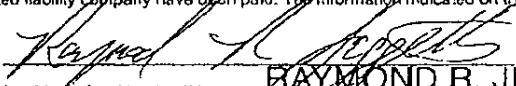


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>10 OCT -4 PM 4:55</b>	
DOCUMENT # <b>L09000009700</b> 1. Limited Liability Company's Name <b>BEST RATE MOTORS, LLC</b>		<b>BK</b>  <b>10</b>		<b>200186267942</b>  CR2E041 (05/10)	
2. Principal Office Address - No P.O. Box # <b>1522 BRYANT AVENUE</b> Suite, Apt. #, etc. <b>APT. 1A</b> City & State <b>BRONX, NY</b> Zip Country <b>10460 USA</b>		3. Mailing Office Address <b>1522 BRYANT AVENUE</b> Suite, Apt. #, etc. <b>APT. 1A</b> City & State <b>BRONX, NY</b> Zip Country <b>10460 USA</b>		4. State/Country of Formation <b>FL</b> 5. Date Organized or Qualified To Do Business in Florida <b>01-29-2009</b> 6. FEI Number <b>26-4167761</b>	
				<input type="checkbox"/> 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 <b>CORPORATION SERVICE COMPANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b> Suite, Apt. #, Etc. City State Zip Code <b>TALLAHASSEE FL 32301</b>				<b>BK</b>	
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  <b>Jeanine Reynolds as its agent</b> Date <b>10-4-10</b> 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	
MGRM	RAYMOND R. JIGGETTS	1522 BRYANT AVE. APT 1A		BRONX, NY 10460	
MGRM	JOHN W. WHITING	4192 BRONXWOOD AVE.		BRONX, NY 10466	
<b>REINSTATEMENT 2010</b>					
11. E-mail Address: _____ (To be used for future annual report notifications)					
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 		Date <b>9/29/2010</b>		Daytime Phone # <b>646-235-4763</b>	
Typed or printed name of signing Managing Member/Manager: <b>RAYMOND R. JIGGETTS</b>					



LU9000009700

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 530268 7689426

AUTHORIZATION :

COST LIMIT : \$238.75

*Spuddean*

ORDER DATE : October 4, 2010

ORDER TIME : 2:49 PM

ORDER NO. : 530268-005

CUSTOMER NO: 7689426

DOMESTIC FILINGS

NAME: BEST RATE MOTORS, LLC

RECEIVED  
10 OCT -4 PM 4:08  
DEPT.  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- xx  PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - Ext# 2933

EXAMINER'S INITIALS

*BK*

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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