M 03000002189

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 12 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (8/05)

DOCUMENT # m03000002189

1. Limited Liability Company's Name
Ride Best, LLC

06

2. Principal Office Address	3. Mailing Office Address
1405 Poinsettia Dr	1405 Poinsettia Dr
Suite, Apt. #, etc: BAY 10	Suite, Apt. #, etc: BAY 10
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 7-3-03

6. FEI Number: 56-2375004 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Mark Calvano BK Date: 6/12/07
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	SHOGLEN, ALEXANDER L.	1405 Poinsettia Dr, BAY 10 Delray Beach, FL	DELRAY BEACH FL 33444
"	BEST, SHANNON	1405 POINSETTIA DR, BAY 10	DELRAY BEACH, FL 33444
"	BEIGG, JEFF	1405 POINSETTIA DR, BAY 10	DELRAY BEACH, FL 33444
"	HUSCHLE IAN M	1405 Poinsettia Dr, BAY 10	DELRAY BEACH, FL 33444
	REINSTATEMENT 2006-2007		600104291776

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: [signature] Date: 6/4/07 Daytime Phone #: 917 856 9838

Typed or printed name of signing Managing Member/Manager: Ian M. Huschle

CSC

CORPORATION SERVICE COMPANY

M03000002184

ACCOUNT NO. : 072100000032

REFERENCE : 945424 4302517

AUTHORIZATION :

COST LIMIT : $ 205.00

ORDER DATE : June 12, 2007

ORDER TIME : 2:22 PM

ORDER NO. : 945424-005

CUSTOMER NO: 4302517

JK

REINSTATEMENT

NAME: RIDE BEST, LLC

BK

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

RECEIVED
07 JUN 12 PM 4:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA