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Florida Department of State
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

02 APR 17 PM 5:02

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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : I19980000010
Phone : (954) 463-2700
Fax Number : (954) 463-2224

Reinstatement

RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

BT FINANCIAL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDALIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000003335

1. Limited Liability Company's Name
BT FINANCIAL, LLC

2. Principal Office Address

172 CAMERON DRIVE

State, Apt. #, etc.

3. Mailing Office Address

172 CAMERON DRIVE

State, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33326

Country

USA

Zip

33326

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/24/2000

6. FEI Number

65-0992641

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESKED ☐

8. Name and Address of Current Registered Agent

Name

AMERICAN INFORMATION SERVICES, INC.

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

350 EAST LAS OLAS BOULEVARD

Suite, Apt. #, Etc.

SUITE 1600

City

FORT LAUDERDALE

State

FL

Zip Code

33301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S.

American Information Services, Inc.

Signature of

Registered Agent

[Signature]

Nery C. Toledo, Asst. Sec.

Date

4/16/2002

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MAN. MEMB.	BRUCE LIEBMAN	172 CAMERON DRIVE	WESTON, FL 33326
MAN. MEMB.	TODD LIEBMAN	99 N. POST OAK LANE	HOUSTON, TX 77024

REINSTATEMENT

2000-2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.405, 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 a made under oath.

Signature of
Managing Member/Manager*[Signature]*

Date

4/16/02

Daytime Phone # (954) 463-2700

Typed or printed name of Signing Managing Member/Manager

BRUCE LIEBMAN, MANAGING MEMBER

SL110 - 10/2000 C T System Online

T-554 P.02/02 F-782

954-463-5503

FROM-AKERMAN SENTERFITT EIDSON PA

APR-17-02 12:36PM