L00000003339

Florida Department of State

Division of Corporations

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Katherine Harris, Secretary of State

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From:
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A. (FT. LAUDERDALE)
Account Number : I19980000010
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Reinstatement

LIMITED LIABILITY REINSTATEMENT

BT FINANCIAL, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000003339

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

2. Principal Office Address	3. Mailing Office Address
172 CAMERON DRIVE	172 CAMERON DRIVE
Suite, Apt. #, etc.	Suite, 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 DESIRED ☐

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 608, F.S.

Signature of Registered Agent: American Information Services, Inc. Mery 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 Members/ Managers	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	2001-2002

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the revocation for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, 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: BLL Date: 4/16/02 Daytime Phone # (954) 463-2700

Typed or printed name of signing Managing Member/Manager: BRUCE LIEBMAN, MANAGING MEMBER

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