

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Nov 17, 2006 8:00 A.M.**  
**Secretary of State**

DOCUMENT # **L0000000 3339**

1. Limited Liability Company's Name

**BT FINANCIAL, LLC**

2. Principal Office Address

**1815 Harbor View Circle**

Suite, Apt. #, etc.

City & State

**Weston, FL**

Zip

**33327**

Country

**USA**

3. Mailing Office Address

**1815 Harbor View Circle**

Suite, Apt. #, etc.

City & State

**Weston, FL**

Zip

**33327**

Country

**USA**

4. State/Country of Formation  
**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**3/24/2000**

6. FEI Number

**650992641**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**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

**ASSISTANT SECRETARY**  
REGISTERED AGENT MUST SIGN

Date **11-16-06**

**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
MAN. MEMB.	BRUCE LIEBMAN	1815 Harbor View Circle	Weston, FL 33327
MAN. MEMB.	ADAM MEYER	1449 Majesty Terrace	Weston, FL 33327

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11/20/06--01049--011 \*\*200.00

**REINSTATEMENT 05-06**

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

Date **11/16/06**

Daytime Phone# **(954) 463-2700**

Typed or printed name of signing Managing Member/Manager

**BRUCE LIEBMAN, MANAGING MEMBER**