

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF LIMITED LIABILITY COMPANY

L01000002524

FILED

1. DOCUMENT # L01000002524

Name and Mailing Address

0008410 01 AT 0.292 **AUTO T1 0 0615 33312-476315



BT FOOD SYSTEMS, L.L.C.
2415 RIVERLANE TERRACE
FORT LAUDERDALE FL 33312-4763

04 JAN -5 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/15/2001	
Principal Place of Business 2415 RIVERLANE TERRACE FORT LAUDERDALE FL 33312	3. New Principal Place of Business Address 8396 State Rd 84 City, State, Zip Davie, FL 33324	6. FEI Number 65-1082118	Applied For Not Applicable
8. Name and Address of Current Registered Agent BARNETT, CHARLES D 8412 NATIVE DANCER ROAD PALM BEACH GARDENS FL 33418		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)		100025029601	
City		11/25/03--01024--025 **150.00	
		FL Zip Code	
10. 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 Charles D Barnett		Date 12/31/03	
REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	TOOLE III, JOHN D	2415 RIVERLAND TERRACE	FORT LAUDERDALE FL
REINSTATEMENT 2003			
M THOMAS			
503A 65777			

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

SIGNATURE REQUIRED

Date 1/5/03 Daytime Phone # 954-423-2002