

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUN 23 AM 8:24

DOCUMENT #

1. Limited Liability Company's Name

L03000009645

BKT Realty Advisors, LLC

500056470735
06/23/05--01020--001 ***205.00

2. Principal Office Address

1979 SW Autumnwood Way
Suite, Apt. #, etc.

3. Mailing Office Address

1979 SW Autumnwood Way
Suite, Apt. #, etc.

City & State

Palm City FL

Zip
34990

Country

USA

City & State

Palm City FL

Zip
34990

Country

USA

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

3/17/2003

6. FEI Number

☒ 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

Robert N Hunter Jr

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

1979 SW Autumnwood Way

Suite, Apt. #, Etc.

City

Palm City

State
FL

Zip Code

34990

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 6/21/05

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
AM	Robert N Hunter Jr	1979 SW Autumnwood Way	Palm City FL 34990

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

6/21/05

Daytime Phone #

772 219 0863

Typed or printed name of signing Managing Member/Manager

Robert N Hunter Jr