PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 16, 2007 8:00 A.M.
Secretary of State

CR2E041 (1/07)

DOCUMENT # L05000009090

1. Limited Liability Company's Name
LTBT INC
21168 LAVISTA CIRCLE
BOCA RATON FL 33428

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
21168 LAVISTA CIR.	21168 LAVISTA CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33428 County: PALM BCH USA	Zip: 33428 County: PALM BCH USA

4. State/Country of Formation: FLORIDA - PALM BCH USA
5. Date Organized or Qualified To Do Business in Florida: 1/27/2005
6. FEI Number: 20-2298688 ☐ 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: ATEF FARAG
Street Address (P.O. Box Number is Not Acceptable): 21168 LA VISTA CIR
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33428

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: AFARAG Date: 2/8/07
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
PD	ATI FARAG	21168 LA VISTA CIR	BOCA RATON FL 33428

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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 608.408, 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: AFARAG Date: 2/8/07 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: ATEF FARAG