

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 JUN -2 PM 4: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # LO5000027474

1. Limited Liability Company's Name

BLT Now, LLC

2. Principal Office Address - No P.O. Box #

16474 Breeburn

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Delray Beach, FL

Zip

33446

Country

U.S.A.

Zip

33446

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/18/05

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

Betsy Lee Turner

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

16474 Breeburn Ridge Tr

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

☐ 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

Betsy Lee Turner

Date 4/23/09

REGISTERED AGENT MUST SIGN

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
MGR	<u>Betsy Lee Turner</u>	<u>16474 Breeburn Ridge Tr</u>	<u>Delray Beach, FL 33446</u>
MGR	<u>BARREN GATT</u>	<u>2 Kings Park Dr</u>	<u>Rye Brook, NY 10573</u>

REINSTATEMENT

06-07

100156334301
05/25/09--01001--019 **\$55.00

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

Betsy Lee Turner

Date

4/23/09

Daytime Phone #

561-499-6797

Typed or printed name of signing Managing Member/Manager

BETSY LEE TURNER