

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

09 FEB -3 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L05000065521

1. Limited Liability Company's Name

BRT ENTERPRISES, LLC

9/15/06

CR2E041 (10/08)

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

21318 GOSIER WAY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33428

Country

US

3. Mailing Office Address

21318 GOSIER WAY

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33428

Country

US

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 06/27/2005

6. FEI Number

26-4113612

☐ 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

LISA BEHRMAN

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

21318 GOSIER WAY

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

*Lisa A. Behrman*

REGISTERED AGENT MUST SIGN

Date 1/22/09

**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
MGRM	LISA BEHRMAN	21318 GOSIER WAY	BOCA RATON FL 33428
			500142412235 01/23/09--01041--011 **\$55.00 ✓
			REINSTATEMENT 2006 - 2009
			mc 2/3/09

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

*Lisa A. Behrman*

Date 1/22/09

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

LISA BEHRMAN