

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 25 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

LD50000084388

THE BETSY, LLC

CR2E041 (11/09)

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

5955 Federal Hwy

Suite, Apt. #, etc.

600

City & State

Boca Raton, FL

Zip

33432

Country

U.S.A.

3. Mailing Office Address

5955 Federal Hwy

Suite, Apt. #, etc.

600

City & State

Boca Raton, Florida

Zip

33432

Country

U.S.A.

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

20-3446597

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

MICHAEL H. BRAUSER

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

555 SOUTH FEDERAL HWY.

Suite, Apt. #, Etc.

200

City

Boca Raton

State

FL

Zip Code

33432

☒ 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

REGISTERED AGENT MUST SIGN

Date 11/18/09

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
MR.	MICHAEL BRAUSER	3164 NE 31AUP.	Lighthouse Pt. FL 33064
	L. SELLERS		

11. E-mail Address: mike@marlincapital.com

(To be used for future annual report notifications)

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

Date 11/18/09

Daytime Phone # 561-544-2450

Typed or printed name of signing Managing Member/Manager