

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

09 APR -6 PM 2:45

DOCUMENT # L06000064396

1. Limited Liability Company's Name

BETRES SOUTH LLC

REINSTATEMENT 07-09 SRM

CR2E041 (10/08)

| | | | |
|---|---------|--|---------|
| 2. Principal Office Address - No P.O. Box # 235 COCOANUT AVENUE | | 3. Mailing Office Address 290 VOGEL ROAD | |
| Suite, Apt. #, etc. APT NO. 110 | | Suite, Apt. #, etc. | |
| City & State SARASOTA, FL | | City & State BUTLER, PA | |
| Zip 34326 | Country | Zip 16002 | Country |

| | |
|---|---|
| 4. State/Country of Formation FLORIDA | |
| 5. Date Organized or Qualified To Do Business in Florida 06/23/06 | |
| 6. FEI Number 75-3237561 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

| | | |
|---|-------------|-------------------|
| Name MARK BETRES | | |
| Street Address (P.O. Box Number is Not Acceptable) 235 COCOANUT AVENUE | | |
| Suite, Apt. #, Etc. APT NO. 110 | | |
| City SARASOTA | State FL | Zip Code 34326 |

☒ 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 ✓ [Signature] V.P.
REGISTERED AGENT MUST SIGN

Date ✓ 4/12/09

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 | MARK BETRES | 235 COCOANUT AVE APT NO. 110 | SARASOTA, FL 34326 |
| MGRM | FRANK BETRES | 290 VOGEL ROAD | BUTLER, PA 16002 |
| | | | |
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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 608.406, 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 ✓ Daytime Phone # ✓

Typed or printed name of signing Managing Member/Manager MARK BETRES