

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2016 OCT 27 PM 3:09

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L1400065402

Limited Liability Company Name  
BBTA SOLUTIONS LLC

800291719338  
10/27/16 01022 017 238.75

2 Principal Office Address - No P.O. Box # 1952 NW 93 AVE		3 Mailing Office Address 21 BALDWIN AVE	
Suite Apt # etc		Suite Apt # etc 3RD FLOOR	
City & State DORAL, FLORIDA		City & State JERSEY CITY, NJ	
Zip 33172	Country USA	Zip 07304	Country USA

CR2504 (1/14)

4. State/Country of Formation FLORIDA/USA	
5. Date Organized or Qualified To Do Business in Florida 04/22/2014	
6. FEI Number 46-5457216	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	<b>\$5.00 Additional Fee required for a certificate of status</b>

8 Name and Address of Current Registered Agent

Name  
OGC ASSOCIATES ORLANDO CORP.

Street Address (P.O. Box Number is Not Acceptable) Suite  
7065 WESTPOINTE BLVD. SUITE 205

Apt # Etc

City  
ORLANDO

State  
FL

Zip Code  
32835

9 I being appointed the registered agent of the above named limited liability company am familiar with and accept the obligations of Chapter 605 F.S.

Signature of Registered Agent Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

10 Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AMBR	UBIRATAN DE ARAUJO	21 BALDWIN AVE-3RD FLOOR	JERSEY CITY, NJ 07304

11. E-mail Address RAQUEL@OGCFINANCIAL.COM

12 I certify that I am an authorized representative/manager of the receiver or trustee empowered to execute this application as provided for in Chapter 605 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony, as provided for in s. 817.155 F.S.

Signature of authorized representative/member Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Typed or printed name of signing authorized representative/member UBIRATAN DE ARAUJO