

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 MAR 23 PM 12:07

DOCUMENT # L17000206903

1. Limited Liability Company's Name
BT Florida Homes LLC

800362614958
03/23/21--01031--014 **\$80.00

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 5903 Brush Hollow Road		3. Mailing Office Address 5903 Brush Hollow Road		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 10/5/2017	
City & State Jacksonville, FL		City & State Jacksonville, FL		6. FEI Number 82-3003686	
Zip 32258	Country USA	Zip 32258	Country USA	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	
Name Thomas Huwe					
Street Address (P.O. Box Number is Not Acceptable) Suite, 5903 Brush Hollow Road					
Apt. #, Etc.					
City Jacksonville		State FL	Zip Code 32258		

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 3/15/2021
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Pres	Thomas Huwe	5903 Brush Hollow Road	Jacksonville, FL 32258
VP	Barbara Huwe	5903 Brush Hollow Road	Jacksonville, FL 32258
REINSTATEMENT			
JUN 07 2021 R. HUNT			

11. E-mail Address: bhuwe40@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or 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 3/15/2021 Daytime Phone # 240-432-4403

Thomas Huwe