

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 16 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L98-3093**

1. Limited Liability Company's Name

Business Technology Solutions, L.C.

2. Principal Office Address

4835 Trawler Ct

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

U.S.

3. Mailing Office Address

4835 Trawler Ct.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32225

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

12/3/98

6. FEI Number

59-3545780

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

Jeffery A. Barrow

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

4835 Trawler Ct.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32225

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]

REGISTERED AGENT MUST SIGN

Date **12-27-00**

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 Pres.	Andrew Moor	11214 Mikris Dr. S.	Jacksonville, FL 32225
MGRM Pres.	J. Todd Barrow	4835 Trawler Ct	Jacksonville, FL 32225
MGRM	J. A. Barrow	4835 Trawler Ct	Jacksonville, FL 32225

REINSTATEMENT

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due**

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

[Signature]

Date **12-27-00**

Daytime Phone # **904-645-5937**

Typed or printed name of signing Managing Member/Manager **J. Todd Barrow**