

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # L 99000005744

1. Limited Liability Company's Name

BTC Women's Club, LLC

**REINSTATEMENT** 02-05

2. Principal Office Address

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite 2500

City & State

Miami, FL

Zip

33131

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

Sept. 10, 1999

6. FEI Number

65-0946249

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

Mindy A. Mora

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

200 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 2500

City

Miami

State

FL

Zip Code

33131

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

1/15/05

**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
Pres.	<u>Cheryl Kaplan</u>	<u>555 NE 34 St. #1101</u>	<u>Miami, FL 33137</u>
V.P.	<u>Lynn Gelman</u>	<u>1450 Madruga Ave. #302</u>	<u>Coral Gables, FL 33146</u>
Treas.	<u>Mindy Mora</u>	<u>200 S. Biscayne Blvd. #2500</u>	<u>Miami, FL 33131</u>

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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

[Signature]

Date

1/15/05

Daytime Phone #

305-668-6681

Typed or printed name of signing Managing Member/Manager

Lynn H Gelman, Vice President & Managing Member

CR2E041 (10/02)