

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
01 DEC 20 PM 4:15

DOCUMENT # **L99000006372**

1. Limited Liability Company's Name

**BT's Land Company, LLC**

2. Principal Office Address

**4219 Nova Lane**

Suite, Apt. #, etc.

City & State

**Lantana Florida**

Zip

**33462**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**September 28, 1999**

6. FEI Number

**65-0950488**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$3.00 Additional Fee required  
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

**Benjamin Townsend**

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

**4219 Nova Lane**

Suite, Apt. #, Etc.

**Lantana**

City

**Fla**

**100004749201 -- 1**

**-01/03/02--01047--012**

**\*\*\*150.00 \*\*\*150.00**

State

**FL**

Zip Code

**33462**

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

**Benjamin Townsend**

REGISTERED AGENT MUST SIGN

Date **12/10/01**

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
Mrs.	Benjamin Townsend	4219 Nova Lane, Lantana	Fla 33462
			Rein 100
			DBR 50
			150 up

**REINSTATEMENT 2001**

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

**Benjamin Townsend**

Date **11/14/01**

Daytime Phone #

**561  
963-4962**

Typed or printed name of signing Managing Member/Manager