

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.**

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>  <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>L99000006372</u>			
<b>1.</b> Limited Liability Company's Name <u>BT's Land Company, LLC</u>			
<b>2.</b> Principal Office Address <u>4219 Nova Lane</u> Suite, Apt. #, etc. <u>—</u>		<b>3.</b> Mailing Office Address <u>—</u> Suite, Apt. #, etc. <u>—</u>	
City & State <u>Lantana, Florida</u>		City & State	
Zip <u>33462</u>	Country <u>USA</u>	Zip	Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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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	<input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent	
Name <b>Benjamin Townend</b> Street Address <b>4219 Nova Lane</b> (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <b>Wantana</b> City <b>Fla</b>	
<b>1000094749201</b> -- 1 -01/03/02--01047--112 <b>***150.00</b> <b>***150.00</b>	

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
Pres.	Benjamin Townsend	4219 Nova Lane, Lantana	Fla 33462 Rein 100 OBR 50 <del>150 up</del>

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

Peppermint Farnend

11401

561  
863-4962

Typed or printed name of signing Managing Member/Manager