

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

09 OCT -6 AM 8:41

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M05000001523**

1. Limited Liability Company's Name

Bentley Management, LLC

800161488948  
10/05/09 01054 011  
CR2E041 (10/08) 377.50

2. Principal Office Address - No P.O. Box #

4 Eleventh Avenue

3. Mailing Office Address

4 Eleventh Avenue

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

City & State

Shalimar Florida

City & State

Shalimar Florida

Zip

32579

Country

USA

Zip

32579

Country

USA

4. State/Country of Formation

Michigan

5. Date Organized or Qualified

To Do Business in Florida March 21, 2005

6. FEI Number

32-0132180

☐ 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

Larry H Hipsh III

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

4 Eleventh Avenue

Suite, Apt. #, Etc.

Suite 1

City

Shalimar

State

FL

Zip Code

32579

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

9/30/09

**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
MGR	Bernard Gliberman	4 Eleventh Avenue Suite 1	Shalimar Florida 32579

REINSTATEMENT 2008-09

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

Date

9-25-09

Daytime Phone #

248-615-1313

Typed or printed name of signing Managing Member/Manager

Bernard Gliberman