

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090002411373)))



H090002411373ABC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV 13 AM 8:34

FILED

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6393

From: Account Name : FRANK, WEINBERG, BLACK, P.L.  
Account Number : I20040000083  
Phone : (954) 474-8000  
Fax Number : (954) 474-9850

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dlevine@levineproperties.com

RECEIVED

09 NOV 13 PH 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT  
MEDLEY BTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01 2
Estimated Charge	\$238.75

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

H090002411373

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 NOV 13 AM 8:34

FILED

CR2E041 (10/09)

DOCUMENT # M08000000182

1. Limited Liability Company's Name  
**Medley BTS, LLC**

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

**301 S. College Street**

Suite, Apt. #, etc.  
**10th Floor**

City & State  
**Charlotte, North Carolina**

Zip Country  
**28288 U.S.A.**

3. Mailing Office Address

**301 S. College Street**

Suite, Apt. #, etc.  
**10th Floor**

City & State  
**Charlotte, North Carolina**

Zip Country  
**28288 U.S.A.**

4. State/Country of Formation **Delaware/U.S.A.**

5. Date Organized or Qualified To Do Business in Florida **1/11/2008**

6. FEI Number  
**26-1750040**

Applied For

Not Applicable  
\$5.00 Additional Fee required for a Certificate of Status

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name  
**Steven W. Deutsch, Esquire**

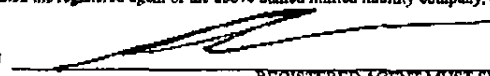
Street Address (P.O. Box Number is Not Acceptable)  
**c/o Frank, Weinberg & Black, P.L.**

Suite, Apt. #, Bldg.  
**7805 SW 6th Court**

City State Zip Code  
**Plantation FL 33324**

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 fee 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 **11/10/09**

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 Levine Properties, Inc.	8514 McAlpines Park Drive	Charlotte, NC 28211

REINSTATEMENT 09

11-16-09

11. E-mail Address: **dlevine@levineproperties.com**

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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 **11/5/09** Daytime Phone # **704/3661981**

Typed or Printed name of signing Managing Member/Manager **Daniel S. Levine**

H090002411373