FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 DEC 30 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M08000000621

1. Limited Liability Company's Name
National BTS Developers, L.L.C.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4747 Williams Dr	4747 Williams Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Georgetown, TX	City & State: Georgetown TX
Zip: 78633 Country: USA	Zip: 78633 Country:

4. State/Country of Formation: Texas

5. Date Organized or Qualified To Do Business in Florida: 2/6/7

6. FEI Number: 02-0799107 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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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: Howard L. Volz Asst. Secretary (REGISTERED AGENT MUST SIGN) Date: 1-6-2011

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
MGRM	Embree Asset Group, Inc	4747 William Dr	Georgetown TX 78633

REINSTATEMENT

11. E-mail Address: rhavdin@embreegroup.com (To be used for future annual report notifications)

12. 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 608.408, 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: Rocky Havdin Date: 1/6/11 Daytime Phone #: 512-819-4709

Typed or printed name of signing Managing Member/Manager: Rocky Havdin, CFO/EVP