PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

15 OCT 9 AM 8: 24

ALT HASTE TERM

_Daytime Phone # _____

DOCUMENT	#	L14000040492
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1. Limited Liability Company's Name

felony as provided for in s. 817,155, F.S.

Signature of authorized representative/member.

Typed or printed name of signing authorized representative/member JOHN GABRIEL

5 BELLS, LLC

9853 TAMIAMI TRL N 9853 TAM Suite, Apt. #, etc. Suite, Apt. #, #106 #106 City & State City & State		3. Mailing Offic				CR2E041 (1/14)				
		9853 TAMI				4. State/0	4. State/Country of Formation			
		Suite, Apt. #, etc				T FL				
		#106				Date Organized or Qualified To Do Business in Florida 03/11/2014				
		City & State				6 551 8	Applied 5	Applied For		
		NAPLES, F				6. FEI Number 46-4950078		Not Applie		
Zip	Country	Zip		Co	untry					
34108	USA	34108		U	SA	CERTIFIC/	ATE OF STATUS DESIRED (55.0 for a	O Additional Fee require certificate of status		
	8. Name and Adda	ress of Current Regist	tered Agen	ıt						
Name JOHN GABF	SIEI									
	O. Box Number is Not Acceptable)	Suite				-				
9853 TAMIA	, ,									
Apt. #, Etc.								ے سم سم است انسان		
#106					_	.4002779 -0102501025	ትሰ⊃ጋት -814 **238°	75		
NAPLES				State Zip Code 34108						
9. I, being app	pointed the registered agent of the	aboye named limited lin	ability comp	алу, а	am familiar with and a	ccept the obliga	ations of Chapter 605, F.S.			
Signature of Registered Ager	n X John	Coul Pr REGISTERED AGENT	LUIOT CION				Date 10/02/20	15		
10										
10. Names and	Street Addresses of Authorized Re	presentatives/Managers								
Titles	Name of Authorized Representatives/ Managers			Street Address of Each Authorized Representative/ Manager			City / State / Zip			
MGRM	JOHN GABRII	≣L	9853 TAMIAMI TRL N			N #106	#106 NAPLES, FL 34108			
MGRM TALAAT N BISHAI		HAI	9853 TAMIAMI TRL N			N #106	NAPLES	s, FL 34108		
								141177		
	DETENTOR						J. F	AWKES		
***************************************	REINST	ATEM]	EN'	T		***************************************		CT 1 2 A.M.		
	2015			_	•			MINER		
	<u>UIUIU</u>									
11, E- mail Addre	ess lionkin@hotmail.com	m								

(To be used for future annual report notifications) 12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree

Date 10/02/2015