PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2016 MAY 11 AM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M12000007219

1. Limited Liability Company's Name
BELOIT HOLDINGS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
427 BELOIT AVE	427 BELOIT AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOS ANGELES, CA	City & State: LOS ANGELES, CA
Zip: 90049 Country: USA	Zip: 90049 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: DELAWARE

5. Date Organized or Qualified To Do Business in Florida: 12/21/2012

6. FEI Number: 46-1592931 ☐ 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: BARRY A. NELSON

Street Address (P.O. Box Number is Not Acceptable) Suite,: 2775 SUNNY ISLES BLVD.,

Apt. #, Etc.: SUITE 118

City: NORTH MIAMI BEACH State: FL Zip Code: 33160

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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 605, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	JOHN BRICE	427 BELOIT AVE	LOS ANGELES, CA 90049
	REINSTATEMENT		
	2015-2016	377.50	
			DD 6/15

11. E-mail Address: _____

(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 felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member John Brice Date 4/27/16 Daytime Phone # (310)880-6073

Typed or printed name of signing authorized representative/member _____