

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 356987

1. Entity Name
BELMONTE, INC.



FILED

04 DEC -2 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2331 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

Mailing Address
2331 APALACHEE PARKWAY
TALLAHASSEE, FL 32301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12022004

REIN-P

CR2E098 (6/04)

4. FEI Number
59-1295458

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYSON, WALTER J. III
1022 MCLENDON DR.
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name
WALTER J. BRYSON IV
Street Address (P.O. Box Number is Not Acceptable)
4236 LOUVENIA RD.
City
TALLAHASSEE FL Zip Code
32311

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

12-2-04

FILE NOW!!! FEE IS \$150.00
After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BRYSON, WALTER J. III
1022 MCLENDON DR.
TALLAHASSEE, FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
BRYSON, WALTER J. IV
4236 LOUVENIA RD.
TALLAHASSEE, FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
800043217928
12/06/04--01062--002 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WALTER J. BRYSON IV
AS PRESIDENT ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

REINSTATEMENT 04

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-2-04 850-8788700