PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F24075

1. Corporation Name

BELLE MEADE, INC.

WOO-295

Principal Place of Business

Mailing Address

C/O ANDREW SERVICE CORP. OF FLORIDA 201 S. BISCAYNE BLVD./2900 MIAMI CENTER MIAMI FL 33131-2317 C/O ANDREW SERVICE CORP. OF FLORIDA 201 S. BISCAYNE BLVD./2900 MIAMI CENTER MIAMI FL 33131-2317 FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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If above	addresses are incorrect in any way, line	through incorrect	information and	enter correction below.	REIN	STATEMEN	198-00	
	rincipal Office Address, If Applicable		New Mailing Office Address, If Applicable Suite, Apt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida 03/23/1981 5. FEI Number Applied For		
Suite, Apt.	#, etc.	Suite, Apt. #						
City & Sta	te	City & State	City & State		54-1645737		Not Applicable	
Zip	Country	Zip	c	ountry	- 6. CERTIFICA		75 Additional Fee required or a Certificate of Status	
· Names	and Street Addresses of Each Officer ar	nd/or Director (Flu	orida nonprofit co	proporations must list at le	east 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Eac Officer and/or Director 3 (Do NOT Use Post Office Box N		ch or	City / State / Zip		
P	TOTO, WILLIAM A.		19672 OAKBROOK CIRCLE			BOCA RATON FL 33434		
			1	· .	9	00003172	0295	
	ŕ				υ — :	-03/16/000 ****900.00	1023014 ****900.00 F129	
		No. or				-03/16/000 ****150.00	1023015 ****150.00	
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent			
				Name			<u> </u>	
	REW SERVICE CORP. OF FLORIDATION SOUTH BISCAYNE BLVD.			-Street Address	(P.O. Box Number	er is Not Acceptable)		
2900	MIAMI CENTER	,	Suite, Apt. #, Etc.					
1	I FL 33131			City		State FL	Zip Code	
0. √ , bein Signature Registered	d Agent	REGISTERED A	Wand	to Mas	obligations of Se	pate Z/16	OG Homida	
	his corporation owes or tangible Personal Prope				No 🗆		le for information gible tax.)	
							<u> </u>	

12. Y certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.4.2000 526363

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