

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV -3 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005723**

1. Corporation Name

BELLEMEAD MARINA DEL REY CORP. II

Principal Place of Business

Mailing Address

7 BECKER FARM ROAD
ROSELAND NJ 07068

7 BECKER FARM ROAD
ROSELAND NJ 07068



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1997

5. FEI Number 52-2078042

APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CD	O'HARE, DEAN R	280 CORPORATE CENTER, 7 BECKER F	ROSELAND NJ 07068
DP	NORTON, DONN H	280 CORPORATE CENTER, 7 BECKER F	ROSELAND NJ 07068
V	SLOOTMAKER, ADRIAN P	280 CORPORATE CENTER, 7 BECKER F	ROSELAND NJ 07068
S	MEISLER, JOANNE F	280 CORPORATE CENTER, 7 BECKER F	ROSELAND NJ 07068
T	GROSSEIBL, ERIC H	280 CORPORATE CENTER, 7 BECKER F	ROSELAND NJ 07068

004BR 78

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500003488635--3

Suite, Apt. #, Etc.

-12/06/00--01010--026

City

***150.00

***150.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Joanne F. Meisler AUTHORIZED REP.
REGISTERED AGENT MUST SIGN

Date 10-18-2000

11. I 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:

Joanne F. Meisler SVP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOANNE F. MEISLER

10-17-00 973-740-1110
Date Daytime Phone #



BELLEMEAD DEVELOPMENT CORPORATION

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280 Corporate Center
Seven Becker Farm Road, Roseland, New Jersey 07068 Phone: (973) 740-1110

October 17, 2000

Division of Corporations
Annual Report/Reinstatement Section
P. O. Box 6327
Tallahassee, FL 32314-6327

Re: Bellemead Marina Del Rey Corp. II

Dear Sir or Madam:

Enclosed is the Application for Reinstatement form together with our check in the amount of \$150.00, as payment for the annual fee.

Please be advised that our office did not receive the Annual Report form mailed from your office and, via telephone, your office advised that we submit this letter with our payment of \$150.00, waiving the reinstatement fee.

Any questions, please call me at 973-740-1110 ext. 10.

Very truly yours,

A handwritten signature in cursive script that reads 'C. Lynne Uzzardi'.

C. Lynne Uzzardi

clu
Enc.