

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 30 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # W01000019561

1. Limited Liability Company's Name

Belle Investment, L.L.C.

MJH

000039698470
07/29/04--01054--003 **205.00

7/30

2. Principal Office Address

821 S.W. 176 Ave

3. Mailing Office Address

250 W. 50 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL.

City & State

MIAMI, FLORIDA

Zip

33029

Country

U.S.A

Zip

33012

Country

U.S.A

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

30-0000944

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

Isabelle Diaz

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

821 SW 176 Ave.

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33029

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Isabelle Diaz

Date

7.26.04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>PD</u>	<u>ISABELLE DIAZ</u>	<u>821 SW 176 Ave</u>	<u>Pembroke Pines, FL</u>

REINSTATEMENT

2003
2004

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

Isabelle Diaz

Date

7.26.04

Daytime Phone #

(305) 389-7018

Typed or printed name of signing Managing Member/Manager

ISABELLE DIAZ

CR2ED41 (10/02)