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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000019263

Name and Mailing Address

0011281 01 AT 0.292 **AUTO T2 1 0615 34744-664715



BELLA MERLOT, LLC
1415 RIVIERA DRIVE
KISSIMMEE FL 34744-6647

700024179577
10/27/03--01122--012 **150.00



US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/30/2002	
Principal Place of Business 850 A1A BEACH BOULEVARD APT. 66 ST. AUGUSTINE FL 32080 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 20-0001373	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent MACEDO, SUSAN R 1415 RIVIERA DRIVE KISSIMMEE FL 34744		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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10. 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 Susan R. Macedo **SIGNATURE REQUIRED** Date October 24, 2003
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MACEDO, SUSAN R	1415 RIVIERA DRIVE	KISSIMMEE FL 34744
MGRM	MACEDO, WALTER JR.	1415 RIVIERA DRIVE	KISSIMMEE FL 34744

REINSTATEMENT 03
dca

12. 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 Susan R. Macedo Date 10/24/2003 Daytime Phone (407) 870-8234
Typed or printed name of signing Managing Member/Manager SUSAN R. MACEDO

CR2E094 (7/03)