

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 JUN 21 AM 9:12

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L02000027450

**1. Limited Liability Company's Name**

Bell-Mar LLC

**2. Principal Office Address**

7138 SW 72 Avenue

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**4. State/Country of Formation**

Florida / United States

**5. Date Organized or Qualified**

To Do Business in Florida 10/12/2002

**6. FEI Number**

35-2201928

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

CR2E041 (8/05)

**8. Name and Address of Current Registered Agent**

Name

Nancy L. Brown

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

7700 North Kendall Drive

Suite, Apt. #, Etc.

Suite 200

City

Miami

State

FL

Zip Code

33175

**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

*Nancy L Brown*

REGISTERED AGENT MUST SIGN

Date 3-23-06

**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
P	Bella Eisenstein	9812 SW 134 Place	Miami, FL 33186
VP	Margie Galvez	9870 NW 28 Terrace	Miami, FL 33172

100076752331  
06/30/06--01014--002 \*\*150.00

REINSTATEMENT 04-06

**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

*Bella L Eisenstein*

Date 3/30/06

Daytime Phone# 305-499-9500

Typed or printed name of signing Managing Member/Manager BELLA EISENSTEIN

Report not mailed to us