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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV -7 PM 1:18

1. DOCUMENT # L02000028963

Name and Mailing Address

0009203 01 AT 0.292 **AUTO T4 0 0615 33602-515075

BELLAVITA DEVELOPMENT, LLC

101 E. KENNEDY BLVD., SUITE 2700
TAMPA FL 33602-5150



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/30/2002	
Principal Place of Business 101 E. KENNEDY BLVD., SUITE 2700 TAMPA FL 33602	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 14-1856718	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 STERN, ROBERT G 101 E. KENNEDY BLVD., SUITE 2700 TAMPA FL 33602		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 SIGNATURE REQUIRED Date 11/04/2003 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	PATRIC PEPE	13514 WESTSHIRE DR Tampa, Fla 33618	
		300024515829 11/07/03--01072--004 **100.00	
		REINSTATEMENT	
		503101900691 04107103 90614 028	
		50.00	

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

SIGNATURE REQUIRED

Date 10/29/03

Daytime Phone #

813-863-6

Typed or printed name of signing Managing Member/Manager