

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF STATUS
 L0200032283
 DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L0200032283

Name and Mailing Address

0012297 01 AT 0.292 **AUTO T5 0 0615 33434-270883



THOMAS BELMONT, LLC
 19483 COLORADO CIRCLE
 BOCA RATON FL 33434-2708



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/03/2002	
Principal Place of Business 19483 COLORADO CIRCLE BOCA RATON FL 33434	3. New Principal Place of Business Address	6. FEI Number 75-3089003	Applied For Not Applicable
City, State, Zip		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 BELMONT, THOMAS 19483 COLORADO CIRCLE BOCA RATON FL 33434	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

THOMAS BELMONT SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 10/16/2003

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
MEM	THOMAS BELMONT	19483 COLORADO CIRCLE	BOCA RATON, FL 33434

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 REINSTATEMENT 03
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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

THOMAS BELMONT SIGNATURE REQUIRED

Date 10/16/2003

Daytime Phone # 561-483-3727

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)