

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000005025

1. Limited Liability Company's Name

Belle Mer Properties, LLC

2. Principal Office Address - No P.O. Box #

12133 96th PL. N

Suite, Apt. #, etc.

City & State

Seminole FL

Zip 33772 Country Pineellas

3. Mailing Office Address

12133 96th PL. N

Suite, Apt. #, etc.

City & State

Seminole FL

Zip 33772 Country Pineellas

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

2/11/2003

6. FEI Number

51-0464492

☐ 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

Bucciari, Louis F.

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

12133 96th PL. N

Suite, Apt. #, Etc.

City

Seminole, FL

State

FL

Zip Code

33772

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 8-3-10

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
MEM	Brooke L Bucciari	12133 96th PL. N <b>S. HAWKES</b>	Seminole, FL 33772
		<b>SEP 16 2010</b>	
	<b>REINSTATEMENT</b>	<b>EXAMINER</b>	<b>SEP 16 2010</b>
		<b>S. HAWKES</b>	<b>SEP 16 2010</b>
		<b>EXAMINER</b>	<b>SEP 16 2010</b>

11. E-mail Address:

(To be used for future annual report notifications)

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

Brooke Bucciari

Date

8-3-10

Daytime Phone #

203 219 3075

Typed or printed name of signing Managing Member/Manager

Brooke L Bucciari



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2010

BELLE MER PROPERTIES, LLC  
12133 96TH PL N  
SEMINOLE, FL 33772

SUBJECT: BELLE MER PROPERTIES, LLC  
Ref. Number: L03000005005

We have received your document for BELLE MER PROPERTIES, LLC and your check(s) totaling \$377.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 010A00019498