

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000040341

1. Entity Name
BELLE GLADE ESTATES, L.L.C.



FILED

04 OCT 25 PM 4:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business

1680 MICHIGAN AVE
SUITE 1001
MIAMI BEACH, FL 33137 US

Mailing Address

1680 MICHIGAN AVE
SUITE 1001
MIAMI BEACH, FL 33137 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country



10202004 REIN-LLC

CR2E101 (6/04)

1025

4. FEI Number

20-0318365

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEARD, DENNIS R
1717 N. BAYSHORE DR.
#215
MIAMI, FL 33132

7. Name and Address of New Registered Agent

Name ERLY D. DECASTRO

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

1680 MICHIGAN AVE, SUITE 1001

City MIAMI BEACH

FL

Zip Code

33137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ERLY D. DECASTRO

Signature, typed or printed name of registered agent and title if applicable.

(Not for Registered Agent signature required when reinstating)

Oct 18, 04

DATE

FILE NOW!!! FEE IS \$50.00
After January 1, 2005, Fee will be \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME DOMINION DEVELOPERS, L.L.C.
STREET ADDRESS 1680 MICHIGAN AVE SUITE 1001
CITY-ST-ZIP MIAMI BEACH, FL 33137 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700042158627
10/25/04--01063--012 **\$50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Oct 18, 04 (305) 534-0551 ext 2005

Date

Daytime Phone #

REINSTATEMENT

no penalty fees