

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB -9 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000047850

1. Limited Liability Company's Name

Belvedere Real Estate Ventures, LLC

CR2E041 (10/08)

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

9040 Belvedere Road

3. Mailing Office Address

9040 Belvedere Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
42-1611031

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

8. Name and Address of Current Registered Agent

Name
David T Zajac

Street Address (P.O. Box Number is Not Acceptable)
9040 Belvedere Road

Suite, Apt. #, Etc.

City
West Palm Beach

State
FL

Zip Code
33411

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

Date January 28, 2009

REGISTERED AGENT MUST SIGN

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
MGRM	Zajac, David	9040 Belvedere Road	West Palm Beach, FL 33411

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01/29/09--01041--021 **716.25

REINSTATEMENT

01-09

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

Date 01/28/09

Daytime Phone# 561-790-5799

Typed or printed name of signing Managing Member/Manager Robert Kinni