

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


2012 MAY 30 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/30/12--01009--018 **516.25

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000012111
1. Limited Liability Company's Name
BELLA MIA AMORE, LLC

2. Principal Office Address - No P.O. Box # 5628 STRAND BLVD.		3. Mailing Office Address SAME	
Suite, Apt. #, etc. 303		Suite, Apt. #, etc.	
City & State NAPLES		City & State	
Zip 34110	Country COLLIER	Zip	Country

4. State/Country of Formation FL/COLLIER	
5. Date Organized or Qualified To Do Business in Florida 02/04/2005	
6. FEI Number 20-2287385	Applied For <input type="checkbox"/> 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

Name **BEVERLY M. FURLANTTO**

Street Address (P.O. Box Number is Not Acceptable)
5628 STRAND BLVD.

Suite, Apt. #, Etc.
303

City **NAPLES** State **FL** Zip Code **34110**

E-mail Address:

(To be used for future annual report notices)

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 *Beverly M. Furlanetto* Date 5/22/12
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	BEVERLY M. FURLANETTO	1878 IVORY CANE PT.	NAPLES, FL 34119
MGRM	ROBERT FURLANETTO	1878 IVORY CANE PT	NAPLES, FL 34119

REINSTATEMENT
2010-12
J. SAULSBERG

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, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Beverly M. Furlanetto* Date 5/22/12 Daytime Phone # 239 298 3107

Typed or printed name of signing Managing Member/Manager