FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM 2020 SEP 11 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

500351980975

DOCUMENT # L05000025295

1. Limited Liability Company's Name

BELLE GROVE MHP, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
c/o Wolfson & Associates	c/o Wolfson & Associates
Suite, Apt. #, etc. 2801 N. University Drive Suite 306	Suite, Apt. #, etc. 2801 N. University Drive Suite 306
City & State Coral Springs, FL	City & State Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 03/14/2005

6. FEI Number: 20-2503313 ☐ 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: Nicole Antonio

Street Address (P.O. Box Number is Not Acceptable) Suite: c/o Wolfson & Associates

Apt. #, Etc: 2801 N. University Drive, Suite 306

City: Coral Springs | State: FL | Zip Code: 33065

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Nicole Antonio Date: 9-9-2020

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGRM	STEWART, HUGH	14625 BALTIMORE AVE., #412	LAUREL, MD 20270
MGRM	STEWART, ALEXANDER G.	12717 W. SUNRISE BLVD. #268	CORAL SPRINGS, FL 33323
	REINSTATEMENT		~~SEP~~ 1-1-2020 R. HUNT

11. E-mail Address: nwolfson@wolfsonassociates.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: Alex Stewart Date: 9-9-2020 Daytime Phone #:

Typed or printed name of signing authorized representative/member:

RESUBMIT
Please give original submission date as file date

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 414460 81514A

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 377.50

ORDER DATE : September 9, 2020

ORDER TIME : 11:24 AM

ORDER NO. : 414460-005

CUSTOMER NO: 81514A

DOMESTIC FILINGS

NAME: BELLE GROVE MHP, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson - Ext# 62908

EXAMINER'S INITIALS R. HUNT

RECEIVED
2020 SEP 15 PM 2:17
SEP 11 2020
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA