

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L05000068187

1. Limited Liability Company's Name

BELLE'S ACRE LLC

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

1420 LANDS END RD

Suite, Apt. #, etc.

City & State

MANALAPAN, FLORIDA

Zip

33462

Country

3. Mailing Office Address

1420 LANDS END RD

Suite, Apt. #, etc.

City & State

MANALAPAN, FLORIDA

Zip

33462

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7/11/2005

6. FEI Number

NONE

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

13 OCT 30 AM 10:06

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09/10/13 - 01006 - 007

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

ALLEN ROSS

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

1420 LANDS END RD

Suite, Apt. #, Etc.

City

MANALAPAN

State

FL

Zip Code

33462

E-mail Address:

tomdillse@gmail.com

(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

Allen Ross

REGISTERED AGENT MUST SIGN

Date 09/02/2013

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
<u>MANAGING MEMBER</u>	<u>TITOMAS S. DILSHEIMER</u>	<u>51 DERWEN RD</u>	<u>BALA CYNWYD, PA 19004</u>

**REINSTATEMENT**

**OCT 30 2013**

**R. HUNT**

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. 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

Allen Ross

Date 9.2.2013

Daytime Phone # 610-389-1492

Typed or printed name of signing Managing Member/Manager