


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11 FEB 10 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200193763812
02/09/11--01037--013 **655.00

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # LO7000044746

1. Limited Liability Company's Name

NSHE BELLEVUE LLC

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

3. Mailing Office Address

16 Wimbledon Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Easton CT

Zip

Country

Zip

Country

06602

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Michael Montanaro

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

3440 South Ocean Blvd

Suite, Apt. #, Etc.

#206-S

City

Palm Beach

State

FL

Zip Code

33480

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

REGISTERED AGENT MUST SIGN

Date 2-1-11

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
Pres	Michael Montanaro	16 Wimbledon Lane	Easton CT 06612
V-P	Wendy Montanaro	16 Wimbledon Lane	Easton CT 06612

REINSTATEMENT 2008-11

JB

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

Date 2-1-11

Daytime Phone # 203-257-9250

Typed or printed name of signing Managing Member/Manager