

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

12 DEC 31 AM 10:14

DOCUMENT # L080000000178

1. Limited Liability Company's Name

Bella-Juls-Beltz, LLC

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

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

100 South Belcher Rd

Suite, Apt. #, etc.

N/A

City & State

Clearwater, FL

Zip

33765

Country

Pinellas

3. Mailing Office Address

P.O. Box 5291

Suite, Apt. #, etc.

N/A

City & State

Clearwater, FL

Zip

33758

Country

Pinellas

12

4. State/Country of Formation

Florida / Pinellas

5. Date Organized or Qualified  
To Do Business in Florida

12/31/07

6. FEI Number

628013952

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

Julie Chironno

Street Address: (Box Number is Not Acceptable)

100 South Belcher Road

Suite, Apt. #, Etc.

N/A

City

Clearwater

State

FL

Zip Code

33765

E-mail Address:

100243167041  
12/31/12--01031--008 \*\*238.75

BellaJuls@verizon.net

(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 12/26/12

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 agent</u>	<u>Julie Chironno</u>	<u>100 South Belcher Road</u>	<u>Clearwater, FL 33765</u>

DEC 31 2012

S. PRATHER

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 12/26/12 Daytime Phone # (727) 723-2323

Typed or printed name of signing Managing Member/Manager