

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT - 9 PM 2:10

FILED

DOCUMENT # **L08600003453**

1. Limited Liability Company's Name

THE Belleair Collection LLC

900161554509
10/12/09--01001--005 **138.75
CR2E041 (10/08)

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

3063 Waterford Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

Zip

32309

Country

USA

Zip

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

26-172455-4

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

ANNE G. JOHNSON

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

3063 Waterford Dr.

Suite, Apt. #, Etc.

1

City

TALLAHASSEE

State

FL

Zip Code

32309

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **OCT. 9, 2009**

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	ANNE G. JOHNSON	3063 Waterford Dr.	TALLAHASSEE, FL 32309
MGRM	BETH ANNE CORRIVEAU	7404 Wingfoot Dr.	Raleigh, NC 27615

REINSTATEMENT

2009

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.

Signature of
Managing Member/Manager

[Signature]

Date **10/9/09**

Daytime Phone# **850.556.7083**

Typed or printed name of signing Managing Member/Manager

ANNE G. JOHNSON