


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L97000000226					
1. Limited Liability Company's Name X ESTATE OF JEAN E. BELT, L.C. 5004-C W. LINEBAUGH AVE. TAMPA, FL 33624-5030					
2. Principal Office Address SAME		3. Mailing Office Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. State/Country of Formation FLORIDA, USA					
5. Date Organized or Qualified To Do Business in Florida 1997					
6. FEI Number 59-3442289				Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name JOSEPH W. BELT,					
Street Address (P.O. Box Number is Not Acceptable) 5004-C W. LINEBAUGH AVE.					
Suite, Apt. #, Etc.					
City TAMPA					
State FL		Zip Code 33624-5030			
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 <i>Joseph W. Belt</i> Date 10/26/99					
REGISTERED AGENT MUST SIGN					
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		
MGR	JOSEPH W. BELT	5004-C W. LINEBAUGH AVE	TAMPA, FL 33624-5030		
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 <i>Joseph W. Belt</i> Date 10/26/99 Daytime Phone # 813-961-3075					
Typed or printed name of signing Managing Member/Manager Joseph Belt					

FILED
99 OCT 28 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

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