


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

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

REINSTATEMENT *99*

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 \$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

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 ****150.00 ****150.00

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: *J.W. Belt* 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

JWB
11-8-99

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: *J.W. Belt* Date: 10/26/99 Daytime Phone #: 813-961-3075
 Typed or printed name of signing Managing Member/Manager: Joseph Belt

CR2041 (9/99)