

197000000706

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra S. Mohrhan
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 NOV 25 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L97000000706**

BELLMARK PROPERTIES, LC
220 E. MADISON ST., SUITE 1222
TAMPA, FL 33602

1a. Principal Place of Business Address

220 E. MADISON ST., SUITE 1222
TAMPA, FL. 33602

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

06/27/97

FLORIDA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

City & State

City & State

59-3504874

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

CORPORATION SERVICE CO.
1201 HAYS ST.
TALLAHASSEE, FL. 32301

Name

JOSEPH B. MCFARLAND

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

4830 W. KENNEDY BLVD.,

Suite, Apt. #, etc.

SUITE 750

City

TAMPA

Zip Code

FL

33609

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

Joseph B. McFarland

Date

700002706417-2
-12/08/98-01075-003
****598113/98****598175

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

HAMER, WALTER M.

220 E. MADISON ST., STE 1222

TAMPA, FL. 33602

MGRM

MULLEN, STEPHEN C.

8440 N. TAMiami TRAIL

SARASOTA, FL 34243

REINSTATEMENT

98
OK 123

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

Walter M. Hamer

Date

11/13/98

Daytime Phone

(813) 229-7815

Typed or printed name of signing Managing Member/Manager

WALTER M. HAMER