

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L97000000706
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

00 JAN -3 PM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000706

1. Limited Liability Company's Name

BELLMARK PROPERTIES, LC

2. Principal Office Address

8440 N. TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Office Address

8440 N. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

Zip

34243

Country

USA

Zip

34243

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6/17/97

6. FEI Number

59-3504874

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name

JOSEPH B. MCFARLAND

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

SMEJDA + MCFARLAND, LLP
4830 W KENNEDY BLVD., SUITE 750

Suite, Apt. #, Etc.

SUITE 750

City

TAMPA

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

12-17-99

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	WALTER M. HAMER	1051 NORMANDY TRACE RD.	TAMPA, FL 33602
MGRM	STEPHEN C. MULLEN	8440 N. TAMiami TRAIL	SARASOTA, FL 34243

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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

12/12/99 Daytime Phone # (813) 229-7815

Typed or printed name of signing Managing Member/Manager

WALTER M. HAMER