mo200000 2086

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # MO2000002086

1. Limited Liability Company's Name

BELLEAIR PROPERTIES, LLC

2. Principal Office Address

328 2ND AVE. N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip	Country
32250	DUVAL

3. Mailing Office Address

328 2ND AVE N.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip	Country
32250	DUVAL

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

81-0609463

	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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State	Zip Code
FL	32301-2525

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 _____

REGISTERED AGENT MUST SIGN

Date 9/29/03

CR2E041 (10/02)

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	ANDREW M. HOWE	328 2ND AVE. N.	JACKSONVILLE, FL 32250

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 _____ Date 10/1/03 Daytime Phone # 904-270-0270

Typed or printed name of signing Managing Member/Manager Andrew M. Howe