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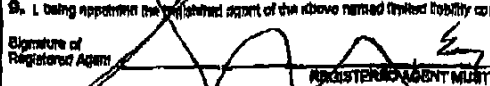
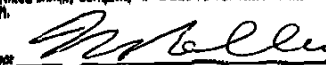
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		2008 OCT -3 P 12:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900136607919 10/03/08--01041--012 **\$16.25 CR25041 (10/08)	
DOCUMENT # M05-296 1. Limited Liability Company's Name Bellino Equities Boca Manager LLC					
2a. Principal Office Address - No P.O. Box # 112 Phyllis COURT Suite, Apt. R, etc.		3a. Mailing Office Address 112 Phyllis COURT Suite, Apt. R, etc.		4. State/Country of Formation DE / U.S.	
City & State ELMONT, N.Y.		City & State ELMONT, N.Y.		5. Date Organized or Qualified To Do Business in Florida 1/20/2005	
Zip 11003		Zip 11003		6. FBI Number 11-3739815	
Country U.S.		Country U.S.		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☐					
8. Name and Address of Current Registered Agent Name DANIEL D. NAYON NAYON & ASSOC. P.A. Street Address (P.O. Box Number is Not Acceptable) 2699 STASLING ROAD Suite, Apt. #, etc. Suite B-100 City FAIR HAVEN, CT State CT Zip Code 06424					
☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notice. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.					
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  Date 10/2/08 REGISTERED AGENT MUST SIGN					
10. Office and Street Address of Managing Member/Managers					
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGR	Bellino, Michael	112 Phyllis CRT		ELMONT, NY 11003	
MGR	Bellino, Stephen	112 Phyllis CRT		ELMONT, NY 11003	
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 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information disclosed 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 10/2/08		Daytime Phone # 5163546588	
Typed or printed name of signing Managing Member/Manager					

REINSTATEMENT 2006-2008