


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 MAY 11 AM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # M12000007219

1. Limited Liability Company's Name
BELOIT HOLDINGS, LLC

2. Principal Office Address - No P.O. Box # 427 BELOIT AVE		3. Mailing Office Address 427 BELOIT AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LOS ANGELES, CA		City & State LOS ANGELES, CA	
Zip 90049	Country USA	Zip 90049	Country USA

8. Name and Address of Current Registered Agent			
Name BARRY A. NELSON			
Street Address (P.O. Box Number is Not Acceptable) Suite, 2775 SUNNY ISLES BLVD.,			
Apt. #, Etc. SUITE 118			
City NORTH MIAMI BEACH	State FL	Zip Code 33160	

4. State/Country of Formation DELAWARE	
5. Date Organized or Qualified To Do Business in Florida 12/21/2012	
6. FEI Number 46-1592931	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a certificate of status	

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent *[Signature]* Date _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	JOHN BRICE	427 BELOIT AVE	LOS ANGELES, CA 90049
REINSTATEMENT			
	2015-2016	377.50	

11. E-mail Address: _____
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member *[Signature]* Date 4/27/16 Daytime Phone # (302) 880-6073

Typed or printed name of signing authorized representative/member _____