

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

16 OCT 25 PM 3:12

**DOCUMENT # M15000008234**

1. Limited Liability Company's Name  
**Belle Parc West, LLC**

2. Principal Office Address - No P.O. Box # <b>2300 Snow Goose Drive</b>		3. Mailing Office Address <b>P. O. Box 1528</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Chesapeake, VA</b>		City & State <b>Chesapeake, VA</b>	
Zip <b>23320</b>	Country <b>USA</b>	Zip <b>23327</b>	Country <b>USA</b>

CR2E041 (1/14)

4. State/Country of Formation <b>Virginia</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/14/15</b>	
6. FEI Number <b>47-5189804</b>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

**8. Name and Address of Current Registered Agent**

Name <b>Registered Agent Solutions, Inc.</b>		
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>155 Office Plaza Drive</b>		
Apt. #, Etc. <b>Suite A</b>		
City <b>Tallahassee</b>	State <b>FL</b>	Zip Code <b>32301</b>

**500291617545**  
**10/25/16--01025--012 \*\*243.75**

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]*  
**Assistant Secretary**  
REGISTERED AGENT MUST SIGN

Date **10/24/16**

**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	Company Manager, LC, its manager	2300 Snow Goose Drive	Chesapeake, VA 23320
Mgr	R. Braxton Hill, III	2300 Snow Goose Drive	Chesapeake, VA 23320

**REINSTATEMENT**

11. E-mail Address: **tcummings@arcaplc.biz**

(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

**10/20/16**

Daytime Phone #

**757-963-5683**

Typed or printed name of signing authorized representative/member