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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | PORATION | Secretar | TMENT OF STATE y of State corporations | | | FILE | | ^ |
|--|--------------------------------------|------------|---|----------------------|--|---------------------------|---|-----|
| DOCUMENT # NO 100006064 1. Corporation Name Bellevine Community Development Corporation | | | | | = 000 | SECRETAL. TALLAHASSEE, | , i LORIDA | |
| 2. Principal Office Address 60/Belle Vice A-voncus Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 500056402925 06/21/0501064001 **245.00 PENSTATEMENT 02-05 4. Date incorporated or Qualified To Oo Business in Florida August 24,2601 | | | |
| Dayl Zo72) | Lung Beach, FL 19 USA | Zip 2119 | Country | 5. FEI Numbe 22 - | 3825 OF STATUS D | 7.36 SETS Addute | Applied For. Not Applicable and Fee required cate of Status | |
| 7. Name and Address of Current Registered Agent Name | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. Suite, Apt. #, Etc. | | | | | | | - | |
| | Day tong Beau | 1 Fh 3 | > 119 | | State Z | To Code 12/19 | 1 | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent Date 4/25/55 REGISTERED AGENT MOST SIGN | | | | | | | | |
| 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | | | | | | |
| Titles | Name of Officers and/or Directors | | Street Address of Eac Officer and/or Directo | | | City / State / Zip | | |
| P | Tony A. Simme | ns. SR 164 | Springway | 1 Unve | Dart | na Beach, | PL 3211 | 9 |
| 1/8 | Cherry G. Com | mos 164 | Roma wood |) درېږو | Dave | ma Beach F | 2L72119 | |
| Secon | - Molodie Le | nov 132 | 9 Gins here | DR. | Parto | ne Beal F | L3211 9 | 6,4 |
| Tres | Chandra Plan | 296 | 4 Carriage | e Doire | South | Day tona, F | L72/19 | |
| | | | | | | | | |
| 10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: SIGNATURE: SIGNATURE: Date Date Daytime Phone # | | | | | | | | |

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June 9, 2005

Bellevue Community Development Corporation N01000006064 601 Bellevue Avenue P.O. Box 10977 Daytona Beach, Florida 32120

Office: 386-252-1101 Fax: 386-252-1362

Department of State
Reinstatement Department
Division of Corporation
409 East Gaines Street
Tallahassee, Florida 32399

Attention: Reinstatement Department

This letter is to notify the "Reinstatement Department of Corporations" that we the Bellevue Community Development Corporation Board never received any response a few years ago regarding the status of our annual renewal report.

If there was a problem with the filing of our annual report or anything else that would have hindered our renewal status, then we were never informed to correct it. We were told by one of your reinstatement department employees to send a check for \$245.00 (two hundred forty-five dollars) inorder to be reinstated and a brief letter explaining why we did not respond to your office sooner regarding this matter.

If there are any questions concerning this matter, please feel free to contact me at the above phone number.

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