PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P92000014680 DOCUMENT

1. Corporation Name

BELMAR HILLCREST III, INC.

Principal Place of Business

Mailing Address

4411 BAYOU BLVD.

PENSACOLA FL 32503-2601

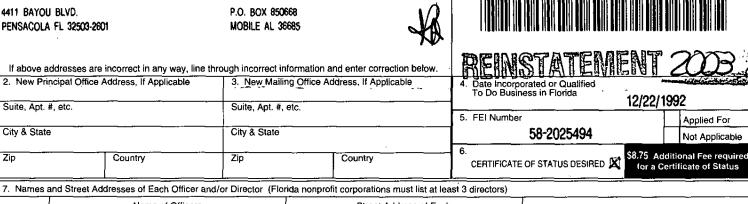
P.O. BOX 850668 MOBILE AL 36685



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SECRETARY OF STATE TALLAHASSEE, FLORIDA



Title(s)	Name of Officers and/or Directors		et Address of Each cer and/or Director	City / State / Zip
P	MAISEL, BRYAN P	1101 HILLCREST	ROAS / #200	MOBILE AL 36665
			,50 10/15/	0023831105 0301074013 **758.75
			***	·
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent	

MAISEL, BRYAN P

9. Name and Address of New Registered Agent

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

Suite, Apt. #, Etc.

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

9455 SCENIC HWY.

PENSACOLA FL 32514

EGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the eceiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the squirements 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 our

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR