2005 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # P94000042412 1. Entity Name BELSITO INVESTMENTS, INC. | | | | | | | | FILED 05 JAN 31 PM 3:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
|---|--|---|----------|---|--|----------------------------|---|---|-------------------------------|----------------------|---------------|-----------------------------|
| Principal Place of Business | | | | Mailing Address | | | | SE | ECRETART C LLAHASSEE | ir STATI FLORIE |)A | |
| 2902 59TH ST. W. | | | 1 | 2902 59TH ST. W. | | | | INICT. | ATEME | MT | nu- | 25 |
| BRADENTON, FL 34209 US | | | | | | | nic | | | | | |
| 2. Principal Place of Business | | | 3. | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | 01272005 | REIN-P | CR2EC | 98 (6/04) | Th |
| City & State | | | | City & State | | | | 4. FEI Numb 65-049 | | | ├── | pplied For ot Applicable |
| Zip | Country | | | Zip | | Country | | | of Status Desired | | 8.75 Add | ditional |
| 6. Name and Address of Current R | | | | gistered Agent | | | 7. Name and Address of New Registered Agent | | | | | |
| BELSITO, ALPHONSO A. | | | | | | Name | | 000 11 1 | | , | | |
| 2902 59TH ST W · BRADENTON, FL 34209 | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| | | | | | City | City Zip Code | | | | | le | |
| 8. The above | named entit | ty submits this statement for | or the | purpose of changing its | register | | or register | ed agent, or bo | oth, in the State of F | FL orida. I am fa | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | | | | | | | In accordance corporation did | | | |
| 10. | | OFFICERS AND | DIRE | | 11. | | | ADDITIONS | I /CHANGES TO OFF | ICERS AND | DIRECTOR | S IN 11 |
| TITLE NAME | D BELSITO | , ALPHONSO A | ☐ Delete | ☐ Delete TITLE NAME | | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 2902 59T | H ST. W. SUITE C. TON, FL | | | | ET ADDRESS - St - ZIP | ; | | | | | |
| TITLE | | | | | | TITLE | | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | ss | | | • | | ME REET ADORESS | | | | | | |
| CITY-ST-ZIP | ☐ Delete | | | | | /-ST-ZIP | | | | | □1.Chango** | - D Addition - |
| NAME | | | | C Detete > | NAM | E | | | | | cnange | Addition |
| STREET ADDRESS CITY-ST-ZIP | | | | | | ET ADDRESS - ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | | | 00/ | 00046 10/05010 | 294 | 855 | Addition |
| STREET AODRESS CITY-ST-ZIP | | | | | STRE | - et address -st-zip | | UZY. | ເດໄດລະ-ດີໄດ້ | 11004 | **30 | ₈ . വ |
| TITLE | | <u> </u> | | ☐ Delete | TITLE | | - | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | | | | NAM STRE | e Et address | | | | | | |
| CITY-ST-ZIP | _ | | | | - | -ST-ZIP | | | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE NAM | | | | | | ☐ Change | Addition |
| STREET ADDRESS CNTY-ST-ZIP | | | | | | et address -st-zip | | | | | | |
| 12. I hereby of indicated | ertify that the | e information supplied with rt or supplemental report is | this t | iling does not qualify for and accurate and that m | the exe | mption st ture shall | ated in Se | ction 119.07(3) same le g al effec | (i), Florida Statutes. | I further certif | y that the in | nformation or director |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as readired by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | |
| SIGNAT | SIGNATURE: SIGNATURE AND REPORTED HAVE OF SIGNAME OF SI | | | | | | | | | | | |