PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

00 APR 27 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000083359

1. Corporation Name
BELLOWS FALLS INVESTMENT, INC.

REINSTATEMENT 99-00

2. Principal Office Address	3. Mailing Office Address
125 N. Ridgewood Ave	125 N. Ridgewood Ave
Suite, Apt. #, etc.: 2nd Floor	Suite, Apt. #, etc.: 2nd Floor
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32114 Country: USA	Zip: 32114 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/15/94

5. FEI Number: 59-3283980 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CROTTY, KATHLEEN L.

Street Address (P.O. Box Number is Not Acceptable): 125 N. Ridgewood Avenue.

Suite, Apt. #, Etc.: 2nd Floor

City: Daytona Beach, State: FL Zip Code: 32114

000080325980--3
-05/19/00--01103--010
****300.00 ****300.00

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 _____ REGISTERED AGENT MUST SIGN Date 04-24-00

CR2E061 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	W. Garrett Crotty	1801 W. International Speedway Blvd.	Daytona Beach, FL 32114
T/D	Michael D. Crotty	125 N. Ridgewood Ave 2nd Floor	Daytona Beach, FL 32114
S/D	Kathleen L. Crotty	125 N. Ridgewood Ave 2nd Floor	Daytona Beach, FL 32114
AT/D	Elizabeth M. Rabitaille	22 Rio Pinar Trail	Ormond Beach, FL 32174
			LS

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 filing 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: _____ 4-24-00 (904) 254-6901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Kathleen L. Crotty