

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000037403

1. Entity Name  
BELLEVUE AVENUE, INC.



04 OCT 27 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT



Principal Place of Business  
2441 BELLEVUE AVE  
DAYOTNA BEACH, FL 32114

Mailing Address  
2441 BELLEVUE AVE  
DAYOTNA BEACH, FL 32114

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10222004

REIN-P

CR2E098 (6/04)

4. FEI Number  
59-3256739

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LOGUIDICE, JOSEPH A  
2441 BELLEVUE AVE  
DAYOTNA BEACH, FL 32114

7. Name and Address of New Registered Agent

Name L.A. Gornito, Jr., Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
149 S. Ridgewood Avenue, Suite 550  
City Daytona Beach, FL Zip Code 32114

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 signature required when reinstating)

DATE

10-26-04

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

TITLE	D	PANAGGIO, MIKE	<input type="checkbox"/> Delete
NAME		2441 BELLEVUE AVE	
STREET ADDRESS		DAYOTNA BEACH, FL 32114	
CITY-ST-ZIP			
TITLE	D	PANAGGIO, TOM	<input type="checkbox"/> Delete
NAME		2441 BELLEVUE AVE	
STREET ADDRESS		DAYOTNA BEACH, FL 32114	
CITY-ST-ZIP			
TITLE	D	WISE, KATHY	<input type="checkbox"/> Delete
NAME		2441 BELLEVUE AVE	
STREET ADDRESS		DAYOTNA BEACH, FL 32114	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800042248068	
STREET ADDRESS	10/27/04--01040--014 **750.00	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 required by Chapter 607, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-26-04

Date

386-271-3000

Daytime Phone #