

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

00 NOV -9 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025260

1. Corporation Name

BELLE MEADE ASSOCIATES CORPORATION

Principal Place of Business

Mailing Address

645 NE 77TH STREET
MIAMI FL 33138

645 NE 77TH STREET, OFFICE
MIAMI FL 33138



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/18/1999	
Suite, Apt. #, etc.		Suite, Apt. #, etc. OFFICE OFFICE		5. FEI Number 65-0989740	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LANCASTER, KENNETH G	7075 SUNSET DRIVE #301	SOUTH MIAMI FL 33143
PRES	GREGORY R. FREEMAN	645 NE 77TH ST, OFFICE	MIAMI FL 33138
SEC/TREAS	ADRIANA MOYA	645 NE 77TH ST, OFFICE	MIAMI FL 33138
			300003493153--2 -12/11/00--01030--012 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LANCASTER, KENNETH G
5975 SUNSET DRIVE
SUITE 301
SO. MIAMI FL 33143

Name
GREGORY R. FREEMAN
Street Address (P.O. Box Number is Not Acceptable)
645 N.E. 77th St.
Suite, Apt. #, Etc.
OFFICE
City
MIAMI
State
FL
Zip Code
33138

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.

Signature of Registered Agent

~~SIGNATURE REQUIRED~~
REGISTERED AGENT MUST SIGN

Date X 4/16/00

11. 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:

~~SIGNATURE REQUIRED~~
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 305-829-5662
Daytime Phone #

PG 2 of 2

October 15, 2000

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE: P99000025260


BELLE MEADE ASSOCIATES CORPORATION
2000 UNIFORM BUSINESS REPORT /WITH PAYMENT LOST IN THE MAIL
SENT 04/15/00

Dear sir:

As per our telephone conversation, I have attached herewith an application for reinstatement and a second check for the amount of \$150.00 with the explanation as follows as per your recommendations.

Please be advised that the first 2000 Business Report timely filed, sent on 04/15/00 and respective check were lost in the mail. The check is still outstanding until today without being cashed.

Thanking you in advance for the inconveniences,



Mary E. Prados, C.P.A.

CC Gregory Freeman/President