

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000101928

1. Corporation Name

LAW OFFICE OF OWEI BELLEH, P.A.

2. Principal Office Address - No P.O. Box #

110 E. Broward Boulevard

Suite, Apt. #, etc.

1700

City & State

Ft. Lauderdale, Florida

3. Mailing Office Address

Post Office Box 190461

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Florida

Zip

33301

Country

USA

Zip

33319

Country

USA

7. Name and Address of Current Registered Agent

Name

Owei Z. Belleh, Esq.

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

110 E. Broward Boulevard

Suite, Apt. #, Etc.

1700

City

Ft. Lauderdale, Florida

State

FL

Zip Code

33301

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 August 19, 2009

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	Owei Z. Belleh, Esq.	110 E. Broward Boulevard	Ft. Lauderdale, Florida 33301

REINSTATEMENT

RH

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

09 AUG 21 AM 7:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000159807090
08/21/09--01032--010 **1208.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

07-20-2005

5. FEI Number

203231604

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.