DI EASE DEAD AL	LINSTRUCTIONS	REFORE C	OMPLETI	Magrice as Y		
APPLICATION FOR REINSTATEMENT  PLEASE READ ALL INSTRUCTIONS BEFORM FLORIDA DEPARTMENT OF STATEMENT OF STATEME				FILED 96 NOV -1 AM 9: 3!		
DOCUMENT # P9200012000  1. Corporation Name  BELVAL DEVELOPMENT SOCIETY, INC.			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business	Mailing Address	- <del>,</del> -				
7777 131 80 N, Sute 15 SEMINOLE, pc 34646				REINSTATEMENT_9		
If above addresses are incorrect in any way, line through incorrect information and enter of New Principal Office Address, If Applicable 3. New Mailing Address, If Application 3. New Mailing Address, If Application 3.			4. Date Incorporated or Qualified To Do Business in Florida			
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. FEI Number  45-0484701  Applied For Status Desired  S8 Augustian S8		Applied For	
ip Country Zip Country						
7. Names and Street Addresses of Each Officer and/or D			<u> </u>	OF STATUS DESIRED		
Title(s) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  1 2 3 (Do NOT Use Post Office Box Numbers) 4						
PD. X. J. FERNANDEZ 7777'131 & STN, SWEET 15 SEMINOLE, FL 34646						
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			1	0000199740	)12	
				-11/06/960102 ****375.00 ***	26-013 ***375.00	
				and the second s		
				1211	6-01	
8. Name and Address of Current Reg	Istered Agent	Name	9. Name and A	ddress of New Registered Agent	<u> </u>	
X. J. FERMAND 62	Street Address (P.O. Box Number is Not Acceptable)			0000		
16131 475 SVE REDINGTON BUY	Suite, Apt. #, Etc.	Sulte, Apt. #, Etc.				
REDINGTON BLH	City	State Zip Code				
10. I, being appointed the registered agent of the above r	named corporation, am familiar wit	h and accept the o	bligations of Section	on 607.0505, F.S.		
Signature of Registered AgentREGME	TERED AGENT MT ST SIGN	<del></del>		Date 10/8/94		
11. Does this corporation pay any Dept. of Revenue under S. 19	y intangible tax to th 99.032, Florida Statu	e utes. Yes	☐ No [	(See other side for Info on Intangible ta	imation *	
12. I do hereby certify that the information supplied with lease the Division of Corporations from any liability of certify that I am an officer or director or the receiver this reinstatement application the reason for dissoluties owed by the corporation have been paid. The Lunder oath.	or trustee empowered to execute ion has been eliminated, the corp	this application as corate name satisfi	provided for in cr es the requiremen	lapter 607 or 617, P.S. I tunner cently its of section 607.0401 or 617.0401, I	F.S., and that all	
SIGNATURE: SIGNATURE AND TYPED OR MANTE	D NAME OF SIGNING PACER ON C		ERNAM	10-8-	7C	
BIGING JUNE AND TYPED ORPRINTE	D NAME OF BIGNING PRICER ON L	AREGIOH		Dayune Pit		