

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION
 FOR *09-2000*
 REINSTATEMENT

FILED

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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000075192**

1. Corporation Name
BELLA AURORA ENTERPRISES, INC.

Principal Place of Business Mailing Address
~~410~~ SOUTH AURORA AVENUE ~~410~~ SOUTH AURORA AVENUE
 CLEARWATER FL 33765 CLEARWATER FL 33765



REINSTATEMENT *09-2000*

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

2. New Principal Office Address, If Applicable <i>408-412 SOUTH AURORA AVENUE</i>		3. New Mailing Office Address, If Applicable <i>412</i>		4. Date Incorporated or Qualified To Do Business in Florida 08/28/1998 SP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <i>59-3532129</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PRES	MARIANO N. DOREZA	<i>412</i> 408 S. AURORA AVE	CLEARWATER, FL 33765
V.P.	BELLA F. DOREZA	<i>412</i> 408 S. AURORA AVE	CLEARWATER, FL 33765

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8. Name and Address of Current Registered Agent

DOREZA, BELLA I
 408 SOUTH AURORA AVENUE
 CLEARWATER FL 33765

9. Name and Address of New Registered Agent

Name *BELLA F. DOREZA*
 Street Address (P.O. Box Number is Not Acceptable)
408-412 S. AURORA AVE
 Suite, Apt. #, Etc.
 City *CLEARWATER* State **FL** Zip Code **33765**

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]* **SIGNATURE REQUIRED** Date *10-15-99*
 REGISTERED AGENT MUST SIGN

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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date *10-15-99* Daytime Phone # *(727) 442-0380*

CR2E040 (8/99)