

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

00 FEB 18 PM 2:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000075192**

1. Corporation Name

**BELLA AURORA ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~410~~ SOUTH AURORA AVENUE  
 CLEARWATER FL 33765

~~410~~ SOUTH AURORA AVENUE  
 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

~~408-412 SOUTH AURORA AVENUE~~

3. New Mailing Office Address, If Applicable

~~408-412 SOUTH AURORA AVENUE~~

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1998

**SP**

5. FEI Number

*59-3532129*

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRES	MARIANO N. DOREZA	<del>408-412</del> S. AURORA AVE	CLEARWATER, FL 33765
V.P.	BELLA F. DOREZA	<del>408-412</del> S. AURORA AVE	CLEARWATER, FL 33765

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 \*\*\*\*308.75 \*\*\*\*308.05  
*08/15*

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 REQUIRED*  
 REGISTERED AGENT MUST SIGN

Date *10-15-99*

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:

*MARIANO N. DOREZA*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *02-15-00* (727) 442-0380  
 Daytime Phone #

CR2E040 (8/99)