

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

98 FEB 23 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 186574**

1. Corporation Name

**BELLVIEW DEVELOPMENT COMPANY, INC.**

Principal Place of Business

Mailing Address

436 SHILOH DR.  
PENSACOLA FL 32503  
US

436 SHILOH DR.  
PENSACOLA FL 32503  
US

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

07/15/1955

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6078573

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	FLOWERS, JOE A	436 SHILO DRIVE	PENSACOLA FL
S	EDWARDS, JR. JOHN K	2405 N. 18TH AVE	PENSACOLA FL
			300002441823--5 -02/26/98--01087--014 ****750.00 ****750.00
			300002441823--5 -02/26/98--01087--013 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FLOWERS, JOE A  
436 SHILOH DR  
PENSACOLA FL 32503

Name  
Carolyn Sue Pugh, Guardian of Joe A. Flowers  
Street Address (P.O. Box Number is Not Acceptable)  
6669 Blackoak Place  
Suite, Apt. #, Etc.

City  
Pensacola

State  
FL

Zip Code  
32526

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]*  
REGISTERED AGENT MUST SIGN

Date 2/6/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on Intangible tax.)

12. 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

2/6/98

860 544 8202  
Daytime Phone #