

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED

01 MAR 15 PM 12:54

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 745720

1. Corporation Name

Bello Rio Association, Inc.

1001-4852

2. Principal Office Address

255 S. Tropical Trail

Suite, Apt. #, etc.

Unit A-3

City & State

Merritt Island

Zip

32952

Country

Brevard

3. Mailing Office Address

255 S. Tropical Trail

Suite, Apt. #, etc.

Unit A-3

City & State

Merritt Island

Zip

32952

Country

Brevard

REINSTATEMENT 91-01**4. Date Incorporated or Qualified
To Do Business in Florida**

January 25, 1979

5. FEI Number

59-2573491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status**7. Name and Address of Current Registered Agent**

Name

Jill Seeley

000003892800-8

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

255 S. Tropical Trail Unit A-3

03/22/01-01085-018

****848.75 ****848.75

Suite, Apt. #, Etc.

City

Merritt Island

State

FL

Zip Code

32952

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

Jill A. Seeley

Date 2/24/01

REGISTERED AGENT MUST SIGN

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
Pres	Jill Seeley	255 S. Tropical Trail Unit A-3	Merritt Island, FL 32952
V.P.	Marco D. Bonaventura	255 S. Tropical Trail Unit A-2	Merritt Island, FL 32952
Sec.	Rosann Kahl	255 S. Tropical Trail Unit B-4	Merritt Island, FL 32952
Treas	Betty Dubry	255 S. Tropical Trail Unit AA-1	Merritt Island, FL 32952
			LS

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 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:

Jill A. Seeley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01

Date

321-449-0730

Daytime Phone #