

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 762144

1. Corporation Name

Bella Vista Homes 119, Inc.

REINSTATEMENT 85-04

2. Principal Office Address

15101 Falkirk Place

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

USA

3. Mailing Office Address

15101 Falkirk Place

Suite, Apt. #, etc.

City & State

Miami Lakes, FL

Zip

33016

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 03/02/1982**

5. FEI Number

☒ 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

Martyn W.D. Verster

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

9425 Sunset Drive # 124

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33173

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

REGISTERED AGENT MUST SIGN

Date

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
P/T	Ricardo Rodriguez	15101 Falkirk Place	Miami Lakes, FL 33016
V/S	Rosa Rodriguez	15101 Falkirk Place	Miami Lakes, FL 33016
T	Martyn W.D. Verster	9425 Sunset Drive # 124	Miami, FL 33173

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/04

Date

305-271-0100

Daytime Phone #

CR2E081 (01/04)