

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC 17 AM 8:01

DOCUMENT #762144 1. Entity Name BELLA VISTA HOMES 119, INC.					
Principal Place of Business 1281 W 44 ST APT 1 HIALEAH, FL 33012			Mailing Address 1281 W 44 ST APT 1 HIALEAH, FL 33012		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2188123	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
VERSTER, MARTYN W.D. 9425 SUNSET DRIVE #124 MIAMI, FL 33173			Name: <u>Jose Rafael Triana</u> Street Address (P.O. Box Number is Not Acceptable) <u>1281 W 44 ST</u> Apt # <u>4</u> City: <u>Hialeah</u> FL Zip Code <u>33012</u>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN, PEDRO 15101 FALKIRK PLACE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Moran, Pedro 1281 W. 44 St Apt 3 Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRIANA, JOSE RAFAEL 15101 FALKIRK PLACE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Triana, Jose Rafael 1281 W 44 St Apt 4 Hialeah FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GIPSY, REYES 1281 W. 44ST APT 1 HIALEAH, FL 33012	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400139094664 12/17/08--01024--007 **236.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">REINSTATEMENT 2008</div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>[Signature]</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: _____ Daytime Phone #: _____					

12/17/08