

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

LED
2021 DEC 21 PM 1:40

DOCUMENT # F02943

1. Corporation Name
BEL-BEL, INC

2. Principal Office Address - No P.O. Box #
1200 Brickell Avenue

3. Mailing Office Address
1200 Brickell Avenue

Suite, Apt. #, etc.
Suite 520

Suite, Apt. #, etc.
Suite 520

City & State
Miami Florida 33131

City & State
Miami, Florida

Zip Country
33131 USA

Zip Country
33131 Dade

CR28081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 10-23-1980

5. FEI Number Applied For
59-2067424 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 SPC Management Services Inc

Street Address (P.O. Box Number Is Not Acceptable)
1200 Brickell Avenue

Suite, Apt. #, Etc.
Suite 520

City State Zip Code
Miami FL 33131

200378459417
12/22/21-01022-002 **6000.00

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 12-21-21

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
D	Humberto Beloso	1200 Brickell Avenue, Suite 520	Miami, Florida 33131
D	Monica Beloso Tasso	1200 Brickell Avenue, Suite 520	Miami, Florida 33131

10. E-mail Address: sofiapc@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Monica Beloso Tasso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/25/21