

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F99000001190

1. Corporation Name

BELLA IDEA, INC.

Principal Place of Business

Mailing Address

1200 WISCONSIN AVE. N.W.  
WASHINGTON DC 20007

1200 WISCONSIN AVE. N.W.  
WASHINGTON DC 20007

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3236 Prospect St. N. W.

Suite, Apt. #, etc.

Washington, D. C. 20007

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

3236 Prospect St. N. W.

Suite, Apt. #, etc.

Washington D. C. 20007

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1999

5. FEI Number

52-2089424

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 10 AM 10:09



REINSTATEMENT

06-01

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	City / State / Zip 4
PD	KARABASSIS, IRAKLIS	3236 PROSPECT STREET NORTHWEST	WASHINGTON DC 20007
VD	JOHN LECKER	110 Codner's Ferry	Charleston S. C. 29492
SD	JASMINE KARABASSIS	3236 Prospect St. N. W.	Washington, D.C. 20007
TD	LORI A. COOPER-LECKER	110 Codner's Ferry	Charleston, SC 20007
D	CHRISTOS KARABASSIS	3236 Prospect St. N. W.	Washington, D. C. 20007

8. Name and Address of Current Registered Agent

NATIONAL REGISTERED AGENTS INC.

526 E. PARK AVE.  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

Juanita Mahoney, Asst Sec. REGISTERED AGENT MUST SIGN

Date 07/18/2001

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., 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

Iraklis Karabassis

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\*\*\*\*300.00 \*\*\*\*900.00

August 7, 2001 202 338 0725x10

Date

Daytime Phone #

CR2E040 (8/00)