PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	PLEASE REA	ID ALL INS	INUCII	UNS BEFURE	COMPLE	ING THIS FORM.
COMPANY REINSTATEMENT COMPANY REINSTATEMENT REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS					COMPLETING THIS FORM.	
DOCUMENT # L040000 (27554						The state of the s
Limited Liability Company's Name BELLA INVESTMENTS LLC					REINSTATEMENT 2007-2014	
DELLA	INVESTIMENTS ELC				, (12)	Mr.
•	al Office Address - No P.O. Box #	_	3. Mailing Office Address			
1924U Suite, Apt. :	SW 207 AVE	19240 SW 207 AVE Suite, Apt. #, etc.		4. State/Country of Formation		
ound, Apr.	π, σιο.	Suite, Apr. #, etc.		5. Date Organized or Qualified		
City & State		City & State			To Do Business in Florida 09-15-2004 6. FEI Number Applied For	
MIAMI		MIAMI FL			D. FEI Number Applied For Not Applied For Not Applicable	
33187	USA	33187	ļι	Country JSA	7. CERTIFICATE O	F STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status
	8. Name and Addres	s of Current Regis	stered Agent			
DAVID DIAZ						
Street Address (P.O. Box Number is Not Acceptable)					700263108817 08/08/1401018010 **1210.00	
19240 SW 207 AVE Sulte, Apt. #, Etc.					00,00,11 01010 010 441210.00	
City			164	ate Zip Code		, ··
MIAMI FLA 33187 State Zip Code FL 33187						
i, being appointed the registered agent of the above named limited liability company, am familiar with an Signature of Registered Agent					nd accept the obligations of Chapter 605, F.S. Date	
REGISTERED AGENT MUST SIGN						
10. Nar	mes and Street Addresses of Authorized	Representatives/M	anagers			
Titles	Name of Authorized Representat Managers	Authorized Representatives/ Authorized Rep		Street Address of Eac Authorized Represente Manager		City / State / Zip
CEO	DAVID DIAZ		19240 SW 207 AVE		AVE	MIAMI FL 33187
VP	MARY JANE	DIAZ	Z 19240 SW 20		7 AVE	MIAMI FL 33187
			<u></u>			S. HAWKES
						AUG 12 A.M.
			····			EXAMINER
11. E-mall	Address: GOSPELSOUTH	BEACH@G				L
(To be used for future annual report notifications) 12. 1 certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that						
when filing that all fee	this reinstatement application the reasons owed by the limited liability company to	n for dissolution ha ave been paid. The	s been elimin information i	sted, the limited liability co indicated on this application	ompany name satis	sfles the requirements of section 605.0012. F.S., and rate, and my signature shall have the same legal effect
as if made Signature d	under cath. I am aware that false inform	nation submitted to	the Departme	ent of State constitutes a ti	hird degree felony	as provided in s. 817.155, F.S.
■f	Representative/Manager		DAVID I	Date 08-0	4-14 Da	ylime Phone # 7863467477
INDESTRUCTION	rinten home of signing Authorized Penns	eentative/Manbaer				