## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10+2

## APPLICATION FOR REINSTATEMENT



FLORIDA DEPARAMENT OF STATE

United State

DIVISION OF CORPORATIONS

DOCUMENT # M61323

1. Corporation Name

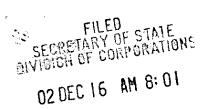
BELLA NAPOLI, INC.

Principal Place of Business

Mailing Address

1443 ALTON ROAD MIAMI BEACH FL 33139 1443 ALTON ROAD MIAMI BEACH FL 33139

US





If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maille				ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     10/23/1987			
Suite, Apt. #, etc. Suite, Apt.			Suite, Apt. #,	, etc.		5. FEI Numbe	5. FEI Number Applied For		
City & State City & St			City & State	e			65-0010598 Not Applica		
p Country		Zip		Country	6. CERTIFICAT	6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee require for a Certificate of Status			
Names a	and Street Add	resses of Each Officer and	I/or Director (Flo	rida nonprof	it corporations must list a	at least 3 directors)		· / · ·	
Title(s)	Name of Officers and/or Directors		Street Address of Eac Officer and/or Directo		Each	City / State / Zip			
PTD	GALLEGOS, FELIPE			1443 ALTON RD		MIAMI BEACH FL 33139			
VSD	GALLEGOS, JULIAN			1443 ALTON RD			MIAMI BEACH FL 33139		
	-	THE .							
						127iE	)62 <u>96</u> 18472660		
						10,10	, 0501044000	** 150 , 170 	
8. Name and Address of Current Registered Agent					- 8-	9. Name and Address of New Registered Agent			
					Name				
GALLEGOS, JULIAN					Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
1443 ALTON ROAD - MIAMI BEACH FL 33139					Suite, Apt. #,	Suite, Apt. #, Etc.			
					City		State	Zip Code	
D. I, being	appointed the	registered agent of the ab	oove named corpo	oration, am f	amiliar with and accept the	he obligations of Sec	tion 607.0505, F.S. or 617.050	5, F.S.	
ignature o		SIGNA	TURE	RE	QUIRED		Date		
-910.0100	グンコー		REGISTERED AG	ENT MUST	SIGN		Date		

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

SIGNATURE

SIGNATURE REQUIRED

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

November 11, 2002

To:

**Division of Corporations** 

Annual Report/Reinstatement Section

P.O Box 6327

Tallahassee, Fl 32314-6327

From:

Bella Napoli, Inc

1443 Alton Road

Miami Beach, Fl 33139

To Whom It May Concern:

Please note as per our conversation I did not file on time because I never received the annual report, our company has always paid this on time, please I ask you for a waiver, so I was told to do this in writing.

Should you have any question please call us at 305-672-1558.

Sincerely,

Felipe Gallegos

President