

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 16 AM 8:01

DOCUMENT # M61323

1. Corporation Name

BELLA NAPOLI, INC.

Principal Place of Business

1443 ALTON ROAD
MIAMI BEACH FL 33139
US

Mailing Address

1443 ALTON ROAD
MIAMI BEACH FL 33139
US



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0010598

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
PTD	GALLEGOS, FELIPE	1443 ALTON RD	MIAMI BEACH FL 33139
VSD	GALLEGOS, JULIAN	1443 ALTON RD	MIAMI BEACH FL 33139

700009522037
12/16/02--01044--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GALLEGOS, JULIAN
1443 ALTON ROAD
MIAMI BEACH FL 33139

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

12/18/02

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