

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N10000002163

1. Corporation Name

LLEVANDO LUZ A LAS NACIONES, CORP

2. Principal Office Address - No P.O. Box #

2515 AVENTURINE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

2515 AVENTURINE STREET

Suite, Apt. #, etc.

City & State

KISSIMMEE, FLORIDA

City & State

KISSIMMEE, FLORIDA

Zip

34744

Country

USA

Zip

34744

Country

USA

7. Name and Address of Current Registered Agent

Name

MANUEL S BELLO

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

2515 AVENTURINE STREET

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34744

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

Manuel S. Bello

REGISTERED AGENT MUST SIGN

Date **08/13/2015**

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
P	MANUEL S BELLO	2515 AVENTURINE STREET	KISSIMMEE, FL 34744
V	THOMAS BELLO	1715 LEE JANZEN DRIVE	KISSIMMEE, FL 34744
S	JUANA BELLO	2515 AVENTURINE STREET	KISSIMMEE, FL 34744
	REINSTATEMENT		S. HAWKES
			AUG 24 AM
			EXAMINER

10. E-mail Address: **belloortiz@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:

Manuel S. Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/13/2015

407 230 9638

Date

Daytime Phone #

FILED
2015 AUG 21 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
03/02/2010

5. FEI Number

27-2051398

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

500276308425
08/21/15--01031--009 **236.25

ASR