#### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# CORPORATION REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N16000011036

1. Corporation Name

#### 2012 | 2014 | DES

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SLULLIANT OF CITY TALLAHASSEE, FLORMA

## BEL ANGE ACADEMY, INC

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'		ss - No P.O. Box # RICE COUR	3. Mailing C	Office Address						
Suite, Apt.	#, etc.		Suite, Apt #,	Suite, Apt #, etc.			- CR2E081 (11/10)			
								porated or Qualified iness in Florida		
City & Stat	e		City & State				01/20/2015			
ORLANDO, FL						5. FEI Number			Applied For	
Zip	Zip Country		Zip	- 10	Country		47-2992891			Not Applicable
3283	3	US			·		Yes	CERTIFICATE OF STATOS DESIRED		itional Fee required intidicate of Status
		7. Name and Address	s of Current Regis	tered Agent	•					
Name UNITED STATES CORPORAT Street Address (P.O. Box Number is Not Acceptable)			ble)				200292601462 11/22/1601014036 **70.00			
		G OAKS BLV	D., SUITE A	4			11/22	2/160101403	B **	70.00
Suite, Api	t. #, Etc.									
City				15	state Zip C	ode	4			
TAMPA .			FL 33612							
				1 '	33012	-				
8. I, bein	g appointed the	registered agent of the	above named corpo		- 00011		bligations of secti	on 607.0505 or 617.0503,	F.S.	
8. I, bein Signature Registered	of /	registered agent of the	ley	l pration, am fa	miliar with and ac		bligations of secti	on 607.0505 or 617.0503,  Date 11/17/2016	F.S.	
Signature Registered	of d Agent	Bhll	REGISTERED AG	pration, am fai	mitiar with and ac	cept the o			F.S.	
Signature Registered 9. Name	of d Agent	ddresses of Each Officer	REGISTERED AG	pration, am fai	miliar with and ac	cept the o	ast 3 directors)		F.S.	
Signature Registered	of d Agent	Bhll	REGIS/I RED AG	pration, am fai	mitiar with and ac	cept the o	ast 3 directors)	Date 11/17/2016	F.S.	
Signature Registered 9. Name	of Agent	Idresses of Each Officer	REGISTERED AG and/or Director (Fic	pration, am fa	miliar with and ac	st list at le	ast 3 directors)	Date 11/17/2016	state / Zìp	. 32833
Signature Registered 9. Name Titles	of d Agent	ddresses of Each Officer  Name of Officers and/or Director	REGISTERED AG and/or/Diffector (Fix	pration, am fai	sign steer Addres Officer and/o	st list at less of Each r Director	COURT	Date 11/17/2016 City / S	itate / Zip	
9. Name Titles	of d Agent	ddresses of Each Officer Name of Officers and/or Director ESSA SHE	REGISTERED AG and/or Diffector (Fic	pration, am fa	SIGN corporations mu Street Addres Officer and/o	st list at less of Each r Director	COURT	Date 11/17/2016  City / S  ORLANDO	otate / Zip ), FL ), FL	. 32833
9. Name Titles PD TD	of d Agent Street Ade VAN PA	ddresses of Each Officer Name of Officers and/or Director ESSA SHE	REGISTERED AG and/or Diffector (Fig. ELLEY SAW DUNBAR	19413	SIGN Street Addres Officer and/o CHARR	st list at less of Each r Director	COURT COURT	City / S  ORLANDO  ORLANDO	), FL ), FL ), FL	32833
9. Name Titles PD TD	VAN PA KATRE	ddresses of Each Officer Name of Officers and/or Director  ESSA SHE ARA DARS ECE SNELL	REGISTERED AG and/or Director (Fic DISAW DUNBAR	19413 19413 19413	SIGN Street Address Officer and/o CHARR CHARR	st list at less of Each r Director	COURT COURT COURT	ORLANDO ORLANDO ORLANDO	), FL ), FL ), FL ), FL	. 32833 . 32833 . 32833
9. Name Titles PD TD S	VAN PA KATRE	Idresses of Each Officer Name of Officers and/or Directo ARA DARS ECE SNELL RVEY SHE	REGISTERED AG and/or Director (Fic DISAW DUNBAR	19413 19413 19413	SIGN Street Addres Officer and/o CHARR CHARR CHARR CHARR	st list at less of Each r Director	COURT COURT COURT	ORLANDO ORLANDO ORLANDO ORLANDO ORLANDO	), FL ), FL ), FL ), FL	. 32833 . 32833 . 32833

E-mail Address: vanessa1/9@msn.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.

SI	G	N.	Δ	TI	IRE	

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/2016 Date 407-790-8799