

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 NOV 22 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N16000011036

1. Corporation Name

BEL ANGE ACADEMY, INC

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

19413 CHARRICE COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32833

Country

US

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida
01/20/2015

5. FEI Number

47-2992891

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

UNITED STATES CORPORATE AGENTS, INC.

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

13302 WINDING OAKS BLVD., SUITE A

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33612

200292601462
11/22/16--01014--036 **70.00

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

Shelley

Date **11/17/2016**

REGISTERED AGENT MUST SIGN

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
PD	VANESSA SHELLEY	19413 CHARRICE COURT	ORLANDO, FL 32833
TD	PARA DARSAN	19413 CHARRICE COURT	ORLANDO, FL 32833
S	KATREECE SNELL DUNBAR	19413 CHARRICE COURT	ORLANDO, FL 32833
D	HARVEY SHELLEY	19413 CHARRICE COURT	ORLANDO, FL 32833
D	APRIL BROWN	19413 CHARRICE COURT	ORLANDO, FL 32833

10. E-mail Address: **vanessa179@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.

SIGNATURE:

Vanessa Shelley

11/17/2016

407-790-8799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. ASHTON