

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

02 FEB 25 AM 3:19

DOCUMENT # P00000071299

1. Corporation Name

Bella Vera Corp.

2. Principal Office Address

191 Vera Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

6700 NW 12th St.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Miami, FL

Zip

33143

Country

USA

Zip

33126

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

05-1027125

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Del Rey, Marcia

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

191 Vera Ct.

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33143

100005063451-7

-03/07/02--01026--004

****158.75 ****158.75

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

Marcia Del Rey

REGISTERED AGENT MUST SIGN

Date 2.04.02

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	Del Rey, Marcia	191 Vera Ct.	Coral Gables, FL 33143
SD	Del Rey, Julio	191 Vera Ct.	Coral Gables, FL 33143

10. 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:

Marcia Del Rey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.04.02 305-665-2362

Date

Daytime Phone #

CR2E081 (9/01)

Julio & Marcia del Rey
181 Vera Ct.
Coral Gables, FL 33143

February 1, 2001

Michelle Milligan
Document Specialist
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Bella Vera Corp.
Ref. No.: P00000071299

Dear Ms. Milligan:

Enclosed is the reinstatement application you sent me. Also, please be advised that I never received the rejection letter sent to me on March 5, 2001. Consequently, I never received the second notice nor the dissolution notice.

By way of this letter, I am requesting that the corporation be reinstated and that any penalty fees be waived.

I am also enclosing a money order in the amount of \$158.75 to cover for this year's corporation fee. You already have the \$158.75 for 2001.

If you have any questions, please do not hesitate to contact me at 305-871-1166.

Thanking you in advance for your prompt attention to this matter.

Sincerely,


MARCIA DEL REY

MDR:imm
Enclosures