

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 21 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000029290

1. Corporation Name

BELLE EPOQUE DESIGNS INC.

Principal Place of Business

Mailing Address

10151 UNIVERSITY BLVD. #359
ORLANDO FL 32817

10151 UNIVERSITY BLVD. #359
ORLANDO FL 32817



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/19/2001

5. FEI Number

59-3712180

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PEREZ, JEANNETTE	2648 UNIVERSITY ACRES DR	ORLANDO FL 32817
D	MATTA, AIDA	14132 CHEVAL VINEYARD WAY APT 10 11404 Swift Water Cir	ORLANDO FL 32828 32817

200009148442
11/21/02--01052--005 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MATTA, AIDA G

~~14132 CHEVAL VINEYARD WAY #104~~
ORLANDO FL 32828

Name

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

11404 Swift Water Circle

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32817

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

Nov. 7/02

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

11/7/02
Date

407/658-1400
Daytime Phone #

CR2E040 (8/02)

Belle. Epoque Designs, INC.
DBA: Bella Designs.

10151 University Blvd.
Suite 359

Orlando, FL 32817

TEL 407-688-1400

The Dept of State

Box 6327

Tallahassee, FL 32314

Sir: (Madam:)

Per Telephone Conversation we
enclose \$150. for our 2002 Fee.

We did not receive the
Corporate Report on time - most
probably due to MacCarver's Error.
Please accept our apology.

VTY

Adrian Stalle