

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR -7 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000033468

1. Corporation Name

Bella Inddoors, Inc.

100092218201  
03/12/07--01006--026 \*\*450.00

**REINSTATEMENT** 05-07

CR2E081 (1/07)

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

1720 Crescent Ridge Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

1720 Crescent Ridge Rd.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Daytona Bch, Florida

Zip

32118

Country

US

Zip

32118

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

April 3, 2001

5. FEI Number

59-3716754

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jeanette T. Veitch

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

1720 Crescent Ridge Rd.

Suite, Apt. #, Etc.

City

Daytona Bch

State

FL

Zip Code

32118

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Jeanette T. Veitch

REGISTERED AGENT MUST SIGN

Date 3/2/07

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
<u>P</u>	<u>Jeanette T. Veitch</u>	<u>1720 Crescent Ridge Rd</u>	<u>Daytona Bch, FL 32118</u>

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 contained in Chapter 119, 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:

Jeanette T. Veitch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanette T. Veitch

3/2/07

Date

3865667250

Daytime Phone #

70.38