

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 14 AM 8:00

DOCUMENT # P01000050541

**1. Corporation Name**

BEL-VAR CORPORATION

9372 NW 101 Street

**2. Principal Office Address**

9372 NW 101 Street

Suite, Apt. #, etc.

City & State

Medley, Florida

Zip

33178

Country

USA

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

02-04

MIRB

**4. Date Incorporated or Qualified**

To Do Business in Florida 5/21/2001

**5. FEI Number**

65-1110746

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

Jose A. Saavedra

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

5975 Sunset Drive

Suite, Apt. #, Etc.

Suite # 504

City

Miami

State

FL

Zip Code

33143

**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

*Jose A. Saavedra*

Date

8/16/04

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
O/D	Luis C. Varela	9372 NW 101 Street	Medley, Florida 33178

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

09/08/04

CR2E081 (01/04)

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**BEL-VAR CORPORATION**  
9372 NW 101 Street  
Medley, Florida 33178  
(305) 883-1271

August 18, 2004

**SENT VIA U.S. MAIL**

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: Reinstatement of Bel-Var Corporation for the years 2002, 2003 and 2004.

Dear Secretary of State:

Enclosed is a corporate reinstatement form for Bel-Var Corporation. Please note that the new address of the corporation is as follows:

Bel-Var Corporation  
9372 NW 101 Street  
Medley, Florida 33178

Because of this address change, we never received the annual report forms for the years 2002, 2003 and 2004. Accordingly, we are enclosing a check for \$450 payable to the Department of State to reflect payment of the \$150 annual report fee for each of the years 2002, 2003 and 2004.

Please correct your corporate records to reflect the new information reflected on the attached corporate reinstatement form.

Cordially yours,

  
Luis C. Varela

JAS:mp  
Enclosures

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