

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 NOV -1 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000056784

1. Corporation Name

BELLATON CORP.

2. Principal Office Address

1665 SW 4th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

3. Mailing Office Address

1665 SW 4th Avenue

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33432

Country

USA

REINSTATEMENT 02

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/07/2001

5. FEI Number

65-1113583

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

Lauree Beall

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

1665 SW 4th Avenue

Suite, Apt. #, Etc.

City

Boca Raton,

State

FL

Zip Code

33432

9000008729879

10/31/02--01067--027 **758 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

Lauree J Beall

REGISTERED AGENT MUST SIGN

Date

10-28-02

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
Pres	Lauree Beall	1665 SW 4th Ave.	Boca Raton, FL 33432
Vice Pres.	Lilia Aronoff	1665 SW 4th Avenue	Boca Raton, FL 33432

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:

Lauree J Beall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(561) 239-7839

Daytime Phone #

CR2E061 (9/01)

gs 11/7/02

BRIAN W. BROAD, P.A.

ATTORNEY AT LAW

1300 NORTH FEDERAL HIGHWAY, SUITE 107

BOCA RATON, FLORIDA 33432

FLORIDA & NEW YORK BARS

Tel 561 - 394 - 2321

Fax 561 - 394 - 2686

By Federal Express Delivery

October 30, 2002

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

Re: Reinstatement of **BELLATON CORP.**

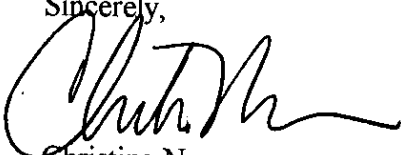
Dear Sir or Madam:

Enclosed please find a check in the amount of \$758.75 for the reinstatement filing, including a certificate of status for the above referenced corporation. I am also including an application for Fictitious Name to be filed after reinstatement.

Please send a copy of this filing, if possible, in the self-addressed envelope enclosed for your convenience.

In the event of any questions, please do not hesitate to call.

Sincerely,



Christina Noren
Legal Assistant

/cln

02-949 reinstate

cc: Bellaton, Inc.