

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 MAR 28 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000083197

1. Corporation Name

BELLA BELLA, INC.

Principal Place of Business

123 E. 5TH AVE.
TALLAHASSEE FL 32303

Mailing Address

123 E. 5TH AVE.
TALLAHASSEE FL 32303



700014324527
03/28/03--01054--011 **211.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/22/2001

5. FEI Number

59-3050643

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SCHWARTZ, DANA L	123 E. 5TH AVE.	TALLAHASSEE FL 32303
V	SCHWARTZ, MARC	123 E. 5TH AVE.	TALLAHASSEE FL 32303

700014324527
03/18/03--01055--016 **88.75

02-03 WBR
118

8. Name and Address of Current Registered Agent

SCHWARTZ, DANA L
123 E. 5TH AVE.
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

3/20/03

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

Date

3/20/03

Daytime Phone #

CR2E040 (8/02)

PM 2/2/02



Bella Bella

5th ave. cucina

lunch-takeout-catering

412-1114

TO: FL Dept of State. Joshua Shivers

FM: Bella Bella PO1000083197

Dear Sir:

Bella Bella is requesting your office reinstate its corporation at this time. We did not receive a letter for 2002 fee. CAN you please - wave the \$900 fee. Enclosure is a fee for \$150 + \$61.25. CAN you please wave any other fee.

Thank you,

Marc Schwartz