

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000089542**

1. Corporation Name

BELLA SOPRANO'S, INC.

Principal Place of Business

Mailing Address

13477 S. BELCHER ROAD
LARGO FL 33771

13477 S. BELCHER ROAD
LARGO FL 33771

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/12/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3743103

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	D'AMATO, RITA	13477 S. BELCHER ROAD	LARGO FL 33771 <i>Delet</i>
D, P	FABOZZI, ALICEANN	13477 S. BELCHER ROAD	LARGO FL 33771

900023969519
10/21/03--01050--024 **150.00

M10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

WAYNE K. EKREN, Esq.

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

1254 S. Pinellas Ave

Suite, Apt. #, Etc.

City

Tampa Springs

State

FL

Zip Code

34689

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **10-14-03**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)



Wayne K. Ekren
Attorney at Law



October 15, 2003

Divisions of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Please find enclosed the UBR and a check for \$150.00 for Bella Soprano's, Inc. As we did not receive the notice in the mail, per Steve at your office, we are submitting the form with the standard fee not the penalty. Please note the change in officers and the change in the Registered Agent.

Thank you for your understanding and reinstatement of Bella Soprano's, Inc.

Respectfully submitted,

Wayne K. Ekren, Esq.
Attorney at Law for Bella Soprano's, Inc.