

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 NOV 10 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000069599

1. Corporation Name

BELL COTTAGE, INC.

Principal Place of Business

Mailing Address

1021 SW 2 CT  
FT LAUDERDALE FL 33312

1021 SW 2 CT  
FT LAUDERDALE FL 33312



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/24/2002

5. FEI Number

03-0461504

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	OCCHIUZZO, LYNN	1021 SW 2 CT	FT LAUDERDALE FL 33312

300024572053  
11/10/03--01098--015 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

OCCHIUZZO, LYNN  
1021 SW 2 CT  
FT LAUDERDALE FL 33312

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

REGISTERED AGENT MUST SIGN

Date

11/05/03

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.

754-581-2672

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/05/03

To: Florida Department of state  
Devision of Corporations  
PO Box 6327  
Tallahassee, Fl 32314

From: Bell Cottage Inc.  
Fei Number: 03-0461504

1021 SW 2 Court.  
Fort Lauderdale Fla, 33312

**To whom** it may concern,

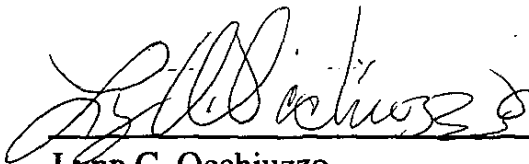
**The annual** report/uniform business report notice (or UBR) to reinstate  
**Bell Cottage Inc.** as a corporation was not received for the year 2003 in  
**the mail.**

I am requesting to waive any penalty fee.

In closed please find a check for amount:

\$150.00 - UBR File Fee  
+ 8.75 - Certificat of status

=====  
\$158.75

  
\_\_\_\_\_  
Lynn C. Occhiuzzo  
officer/director

11/05/03  
\_\_\_\_\_  
Date