

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P02000094536**

1. Corporation Name

BELLA VILLA ARTISTRY, INC.

Principal Place of Business

Mailing Address

3301 S. COCONUT ISLAND DR. #101
BONITA SPRINGS FL 34134

3301 S. COCONUT ISLAND DR. #101
BONITA SPRINGS FL 34134

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

3301 S. Coconut Island Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit #101

City & State
Bonita Springs, FL

City & State

Zip Country

34134 FL

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/2002

5. FEI Number

Applied For

34-2077567-250812-32

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
Pres.	John Robbolino Jr.	3301 S. Coconut Island Dr. #101	Bonita Springs, FL 34134

900024378709
11/03/03--01054--008 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBBOLINO, JOHN JR.
3301 S. COCONUT ISLAND DR. #101
BONITA SPRINGS FL 34134

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

John Robbolino Jr.
REGISTERED AGENT MUST SIGN

Date 10/30/03

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:

John Robbolino Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/30/03

239-498-9179

CR20040 (7/03)



State of Florida Department of State
Division of corporations
P.O. Box 6327
Tallahassee, Florida 32314

10/30/03

To whom this may concern,

Corporation name: **Bella Villa Artistry, Inc.**

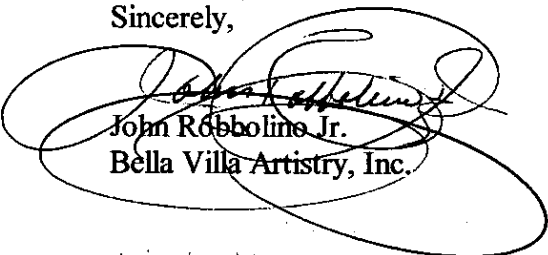
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I have recently received this notice of revocation of my corporation. Due to the fact that we had been on location in New Jersey working on a project for months and then in Europe for one month. We have had a lot of problems not receiving all of our mail. Also, since this is my first year ever as a corporation. I was not made aware that I needed to file for corporation status each year. I am terribly sorry for this mix up and confusion it has caused. Now that I am aware of the reports will be on time.

My accountant has advised me to send a check of \$150.00 and an explanation of the confusion. I would appreciate your understanding in this matter and would like to be reinstated to "active" status if possible.

Enclosed is the paper work and Check for \$150.00 for reinstatement.

Sincerely,



John Robboline Jr.
Bella Villa Artistry, Inc.