

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 17 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000101844

1. Corporation Name

BEVEL INNOVATIONS, INC.

Principal Place of Business

1401 WEST GORE STREET
UNIT 3
ORLANDO FL 32805

Mailing Address

1401 WEST GORE STREET
UNIT 3
ORLANDO FL 32805

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

2. New Principal Office Address, If Applicable

922 Sligh Blvd
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

922 Sligh Blvd
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2002

5. FEI Number

54-2074859

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
P	GOLDBERG, SAUL	2919 S. SEMORAN BLVD., APT 225	ORLANDO FL 32822
VP	MEJIAS, NORBERT	4527 SEILS WAY	ORLANDO FL 32812
S/T	GOLDBERG, IRWIN	4319 HERD AVE.	ORLANDO FL 32812

000023867200
10/17/03--01006--002 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOLDBERG, IRWIN
4319 HERD AVE
ORLANDO FL 32812

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 10-15-03

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

10-15-03

Date

407-466-8039

Daytime Phone #

CH2E040 (7/03)