

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 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000117683**

1. Corporation Name

BELLA DEVELOPMENT CORP

Principal Place of Business

Mailing Address

531 SE 4TH CT
POMPANO BCH FL 33060

531 SE 4TH CT
POMPANO BCH FL 33060



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

11/01/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PELUCETTE, RICHARD	531 SE 4TH CT	POMPANO BCH FL 33060
D	PELUCETTE, DORIS	531 SE 4TH CT	POMPANO BCH FL 33060

500023969635
10/21/03 01050 026 **150.00

10/10/23

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PELUCETTE, RICHARD
531 SE 4TH CT
POMPANO BCH FL 33060

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]
REGISTERED AGENT MUST SIGN

Date

10/10/03

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

10/10/03

Daytime Phone #

954-
783-8778

CR2EM40 (7/03)

October 13, 2003

To Whom It May Concern:

I have just received notice of the dissolution of my corporation, Bella Development Corporation due to non-payment of the \$150.00 annual fee.

I sent this in months ago along with a certified check for \$150.00. I have not heard anything from your office until now. In your paperwork you state you send out notices if you haven't received it. I didn't receive any notices until now.

I am finding it impossible to confirm that the certified check was cashed so I'm sending in a company check this time.

I am petitioning that you waive the \$600.00 reinstatement fee since I never heard from your office until now.

My corporation is in business today and I have never been late in the past.

Thank you for your consideration of this matter.

Sincerely,

Richard Peluchette