

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 APR 14 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000018305

1. Corporation Name

Six Bell, Inc.

600123281126
04/14/08--01051--006 **450.00

REINSTATEMENT
OR 2 E88 (42.07)

06-08

2. Principal Office Address - No P.O. Box #

7814 West 16th Court

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

33014

Country

Miami-Dade

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Rodolfo J Suarez

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

10200 NW 25th Street

Suite, Apt. #, Etc.

207

City

Doral

State

FL

Zip Code

33172

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 04/09/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Juan E Garcia	12430 SW 113 Avenue	Miami, FL 33176

10. 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN EDUARDO GARCIA PRESIDENTE

04/09/08

Date

1-786-2217042

Daytime Phone #

2/2

Six Bell, Inc.
7814 West 16th Court
Hialeah, Florida 33014

April 9, 2008

Division of Corporation
Uniform Business Report Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are sending our 2006, 2007 Uniform Business Report Late, we moved from our previous address and we never received your notification to be able to file it on time.

Please wave your late payment penalty fee this time, since our payment has been unintentionally late. Attached, please find a check for \$ 450.00 including this year (2008).

Thank you for your cooperation in this matter.

Best regards,


Juan E Garcia
President

Cc: File