

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 AUG 23 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000143926

1. Corporation Name

BELMONT FUNDING SERVICES, INC.

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
3435 BELMONT TER.

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
DAVIE

City & State  
FL

Zip  
33328

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida 09/16/2005

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  
DENISE TROTTA

Street Address (P.O. Box Number is Not Acceptable)  
3435 BELMONT TER.

Suite, Apt. #, Etc.

City  
DAVIE

State  
FL

Zip Code  
33328

☐ 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 hereby appoint the registered agent of the above named corporation, and further with and subject to the obligations of section 607.0502 or 617.0503, F.S.

Signature of  
Registered Agent

*Denise Trotta*  
REGISTERED AGENT MUST SIGN

Date 8/22/07

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
PV	DENISE TROTTA	3435 BELMONT TER.	DAVIE, FL 33328

REINSTATEMENT 08-07

RH

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:

*Denise Trotta*

Date

8/22/07

Date

Daytime Phone #