

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000128590

Entity Name: BELLE CUCINE, INC.

FILED
Mar 25, 2008
Secretary of State

Current Principal Place of Business:

255 ALHAMBRA CIRCLE STE 715
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

255 ALHAMBRA CIRCLE STE 715
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-1619736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINA, GEORGE F CPA
255 ALHAMBRA CIRCLE STE 715
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: VINA GEORGE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BONANNO, NELO
Address: 17100 N. BAY RD.
City-St-Zip: SUNNY ISLES, FL 33160

Title: VD () Delete
Name: RUEDAS, MARIA A
Address: 255 ALHAMBRA CIR. #715
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: HERNANDEZ, GEOVALDO
Address: 255 ALHAMBRA CIR. #715
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: TOMMASI, GIOVANNA DI
Address: 17100 N. BAY RD.,
City-St-Zip: SUNNY ISLES, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BONANNO, NELO
Address: 17100 N. BAY RD. # 1501
City-St-Zip: SUNNY ISLES, FL 33160

Title: VD (X) Change () Addition
Name: RUEDAS, MARIA A
Address: 17100 N. BAY ROAD # 1501
City-St-Zip: SUNNY ISLES, FL 33160

Title: SD (X) Change () Addition
Name: HERNANDEZ, GEOVALDO
Address: 17100 N. BAY ROAD # 1501
City-St-Zip: SUNNY ISLES, FL 33160

Title: TD (X) Change () Addition
Name: TOMMASI, GIOVANNA DI
Address: 17100 N. BAY RD., # 1501
City-St-Zip: SUNNY ISLES, FL 33160

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELO BONANNO

PD

03/25/2008

Electronic Signature of Signing Officer or Director

Date