

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 21 PM 8:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000138435

1. Corporation Name

TIERRA BELLA, INC.

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

1406 NW 13TH STREET

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

Zip

33430

Country

US

3. Mailing Office Address

P.O. BOX 2873

Suite, Apt. #, etc.

City & State

BELLE GLADE, FL

Zip

33430

Country

US

REINSTATEMENT

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/07/2004

5. FEI Number

20-1720600

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

HEFFERNAN, RICHARD L CPA

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

2911 EAST MAIN STREET

Suite, Apt. #, Etc.

City

PAHOKEE

State

FL

Zip Code

33476

☒ 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

Richard L. Heffernan
REGISTERED AGENT MUST SIGN

CPA

Date 8/5/08

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, T	FLORES, MARIA	413 NE 2ND STREET	BELLE GLADE / FL / 33430
VP, S	FLORES, FRANCISCO	413 NE 2ND STREET	BELLE GLADE / FL / 33430

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08/26/08--01005--026 **450.00

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:

Maria Flores
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORES, MARIA

Maria

Date 8/5/08

Daytime Phone # 561 914-4532

8/22/08