


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| | | |
|--------------------------------------|---|--|
| CORPORATION REINSTATEMENT |  | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
|--------------------------------------|---|--|

DOCUMENT # P05000077895

1. Corporation Name

Bella Real Estate, Inc.

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

11641 SW 3rd street

Suite, Apt. #, etc.

3. Mailing Office Address

(same) 11641 SW 3rd st

Suite, Apt. #, etc.

City & State

Plantation FL

City & State

Plantation FL

Zip

33325

Country

US

Zip

33325

Country

US

7. Name and Address of Current Registered Agent

Name

Beatriz Lizaso

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

11641 SW 3rd street

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33325

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

Beatriz Lizaso

REGISTERED AGENT MUST SIGN

Date 2-1-10

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 | Beatriz Lizaso | 11641 SW 3rd street | Plantation, FL 33325 |
| | | | 08/10 |
| REINSTATEMENT | | | |
| M. MILLER EXAMINER | | | |
| FEB 23 2010 | | | |

10. E-mail Address: beatriz.lizaso@gmail.com

(To be used for future annual report notification)

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. I further certify, 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:

Beatriz Lizaso Pres

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

2-1-10

Date

954-805-5112

Daytime Phone #

FILED

10 FEB 22 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600170229596

02/23/10--01020--005 **450.00

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

05-27-05

5. FEI Number

202918915

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional fee required
for a Certificate of Status

☒ 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.