

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # p05000120456

1. Corporation Name

BELLEVUE REALTY INC.

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

199 IVES DAIRY ROAD

Suite, Apt. #, etc.

205

City & State

MIAMI FL

Zip

34952

Country

DADE

3. Mailing Office Address

8540 NW 51 COURT

Suite, Apt. #, etc.

City & State

LAUDERHILL FL

Zip

33351

Country

BROWARD

FILED

09 APR -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

400148288894
04/01/09--01002--019 **750.00
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 08/30/2005

5. FEI Number
71-0989392

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

FRED LAGUERRE

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

8540 NW 51 COURT

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33351

☒ 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 03/30/09

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
PVST	FRED LAGUERRE	8540 NW 51 COURT	LAUDERHILL, FL 33351

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

FRED LAGUERRE

03/30/2009

954-825-8818

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 4/6