

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC -2 PM 12: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P06000001431**

1. Corporation Name

Synto Bellini 204 Corp.

600163256686  
12/02/09--01033--011 \*\*\*308.75

**REINSTATEMENT** 08-09  
CR2E081 (11/09)

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

1500 San Remo Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite 248

Suite, Apt. #, etc.

City & State

Coral Gables, Fl. 33146

City & State

Zip

33146

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

204489255

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

Pablo R. Bared, Esq.

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

1500 San Remo Avenue, Suite 248

Suite, Apt. #, Etc.

City

Coral Gables, Fl. 33146

State

FL

Zip Code

☒ 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

12/1/09

**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
D/P/S	Arturo Villarreal	1500 San Remo Avenue, Suite 248	Coral Gables, Fl. 33146

10. E-mail Address:

(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:

Arturo Villarreal, D

12/01/2009 305-666-6010 x 12

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/2