

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
 12 MAR 29 AM 10:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P06000007669

1. Corporation Name

BELLA LUNA ALF, INC.

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

18700 SW 93rd Ct.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33157

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

141947207

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NILDA MACHADO

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

18700 SW 93rd Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33157

300226621493  
03/29/12--01007--006 \*\*900.00

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

*Nilda Machado*

REGISTERED AGENT MUST SIGN

Date 03-27-12

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
PD	NILDA MACHADO	18700 SW 93rd Ct	Miami FL 33157
VP	CARLOS MACHADO	18700 SW 93rd Ct	Miami FL 33157

**S. HAWKES**

MAR 2012

**EXAMINER**

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:

*Nilda Machado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-27-12

Date

Daytime Phone #