

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000028252

1. Entity Name  
BELLO DISEGNO INC



08 JUL 14 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
5525 HILLSBOROUGH ST  
WIMAUMA, FL 33598 US

Mailing Address  
5525 HILLSBOROUGH ST  
WIMAUMA, FL 33598 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07102008 REIN-P CR2E098 (1/07)

4. FEI Number **20-4383038** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.P.A. INC  
14644 MARTIN LUTHER KING BLVD  
DOVER, FL 33527

Name **James A. Jimenez CPA**  
Street Address (P.O. Box Number is Not Acceptable)  
**1302 W. Sligh Avenue**  
City **Tampa** FL Zip Code **33604**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BRIENO, ALFREDO  
STREET ADDRESS 5525 HILLSBOROUGH ST  
CITY-ST-ZIP WIMAUMA, FL 33598

TITLE ☐ Change ☐ Addition  
NAME **000131361480**  
STREET ADDRESS **06/16/08--01049--004 \*\*150.00**  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME HERNANDEZ, JUAN C  
STREET ADDRESS 5525 HILLSBOROUGH ST  
CITY-ST-ZIP WIMAUMA, FL 33598

TITLE ☐ Change ☐ Addition  
NAME **000131361480**  
STREET ADDRESS **07/22/08--01013--002 \*\*150.00**  
CITY-ST-ZIP

TITLE TD ☒ Delete  
NAME CRUZ, BELTRAN  
STREET ADDRESS 5525 HILLSBOROUGH ST  
CITY-ST-ZIP WIMAUMA, FL 33598

TITLE TD ☐ Change ☒ Addition  
NAME **Ricardo Cardoza**  
STREET ADDRESS **5519 Hillsborough St.**  
CITY-ST-ZIP **Wimauma, FL 33598**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

KS