

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 JUL 23 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600432259986
filed for nic due to Amendment
being filed w/ no changes

DOCUMENT # P24000014775

1. Corporation Name

Belanger Editing, INC

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

11866 SW 93rd Terrace

3. Mailing Office Address

11866 SW 93rd Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33186

Country

Miami-Dade County

Zip

33186

Country

Miami-Dade County

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

February 23, 2024

5. FEI Number

99-1610516

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

Natalie Casabone

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

11866 SW 93rd Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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

Natalie Casabone

Date July 22, 2024

REGISTERED AGENT MUST SIGN

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	Natalie Casabone	11866 SW 93rd Terrace	Miami, FL 33186

BM 7/23/24

10. E-mail Address: nataliecasabone.editor@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Natalie Casabone

July 22, 2024

(786) 521-6798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #