


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **994600040967**

1. Corporation Name

21296 BELLECHASSE COURT INC.

2. Principal Office Address

21296 BELLECHASSE CT.

Suite, Apt. #, etc.

3. Mailing Office Address

25 PAWNEE TERRACE

Suite, Apt. #, etc.

City & State

**BOCA RATON
FLORIDA**

City & State

**WEST MILFORD
NEW YORK**

Zip

33433

Country

USA.

Zip

07480

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JULY 1994

5. FEI Number

65 05 05 686

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

ANTONY GEORGE BERRY

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

21296 BELLECHASSE COURT

Suite, Apt. #, Etc.

600074461156

05/12/06 01006 004

***2108.75**

City

BOCA RATON

State

FL

Zip Code

33433

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **APRIL 24 2006**

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 | DAVID EDMUND ATKINS | 5131 EUROPA DRIVE APARTMENT H | BOYNTON BEACH FL 33437 |
| D | ANTONY GEORGE BERRY | 21296 BELLECHASSE COURT | BOCA RATON, FLORIDA 33433 |
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| | | | |

REINSTATEMENT 97-06

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24 2006

Date

Daytime Phone #

**561 -
4883107**