

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

97 FEB 24 PM 2:31

Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000008306**

Bellshire, Inc.
~~503xBeachwalkxStnake~~
~~NaplesxxFloridaxx34108~~

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address **SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

100 Carnforth Road

City and State **North York, Ontario, Canada M4A 2K7** Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address **503 Beachwalk Circle**

City and State **Naples, Florida** Zip Code

34108

REINSTATEMENT *96+97*

4. Date Incorporated or Qualified To Do Business in Florida
February 1, 1995

5. FEI Number
65-0588494

FEI Number Applied For

FEI Number Not Applicable

6. **\$8.75** Additional Fee required for a Certificate of Status

CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CD	Sam Vella	100 Carnforth Road	North York, Ontario, Canada M4A 2K7
PD	John Vella	100 Carnforth Road	North York, Ontario, Canada M4A 2K7
ST	Patricia Vella	100 Carnforth Road	North York, Ontario, Canada M4A 2K7

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*******923.75 *****923.75**

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

Name

8. Name and Address of Current Registered Agent

David C. Bourgeau
600 Fifth Avenue South
Suite 207
Naples, Florida 34102

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State
FL.

Zip

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **2-20-97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. 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. 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 of Officer or Director

[Signature]

Date **2-20-97**

Daytime Phone # **(941) 591-2311**

Typed or printed name of signing officer or director **Sam Vella**

CR-25 (4-92)