

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

98 DEC -2 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080768

1. Corporation Name

BELLINSBURG INTERNATIONAL EQUITY FUNDS CORP.

Principal Place of Business

6 VIA BELLANO
PALM COAST FL 32137

Mailing Address

6 VIA BELLANO
PALM COAST FL 32137

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1996

5. FEI Number 59-3455799
NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
P	PRIGODA, ALEXANDER	6 VIA BELLANO BELLAND	PALM COAST FL 32137
VP	SAMARDAK, VICTOR	5 MONTILLA PL	PALM COAST FL 32137

000002705290--1
-12/07/98--01160--014
****750.00 ****750.00

Handwritten signature

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KATZ, B. PAUL ESQ

1 FLORIDA PARK DRIVE NORTH
SUITE 110-SUNRISE PLAZA
PALM COAST FL 32137

ATRIUM Suite
1 FLORIDA PARK DRIVE
South
PALM COAST, FL 32137

Name

B. PAUL KATZ, Esquire

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

1 Florida Park Dr. South, Atrium Suite
(P.O. Box 351399, Palm Coast, FL 32135-1399)

City
PALM COAST

State
FL

Zip Code
32137

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

Handwritten signature
REGISTERED AGENT MUST SIGN

Date 30 Nov-1997

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

Handwritten signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/98 (904) 445-8925
Date Daytime Phone #
445-8925

CR2ED040 (9/98)