

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JUN 13 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037408

1. Corporation Name

BELLEFROID USA CORP.

2. Principal Office Address

7800 W. OAKLAND PARK

3. Mailing Office Address

7800 W. OAKLAND PARK

Suite, Apt. #, etc.

BLDG. G

Suite, Apt. #, etc.

BLDG. G

City & State

SUNRISE, FLORIDA

City & State

SUNRISE, FLORIDA

Zip

33351

Country

USA

Zip

33351

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/23/1997

5. FEI Number

65-0750999

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

98-01

7. Name and Address of Current Registered Agent

Name

MICHAEL BRAULT

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

7800 W. OAKLAND PARK BLVD.

Suite, Apt. #, Etc.

BLDG. G

City

SUNRISE

State
FL

Zip Code

33351

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

Michael Bault

REGISTERED AGENT MUST SIGN

Date

6/7/01

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
DP	BELLEFROID, JEAN M.	324 BALBOA STREET	HOLLYWOOD, FLORIDA 33019
DVS	BELLEFROID, NICOLE	324 BALBOA STREET	HOLLYWOOD, FLORIDA 33019

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BELLEFROID JEAN-MARIE President

Date

06/07/01

Daytime Phone #

(954) 925
4443

CR2E081 (9/00)