

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

98 DEC -2 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000075666

1. Corporation Name

"LA BELLE" THE BOX PLACE, INC.

Principal Place of Business

Mailing Address

4747 NOB HILL ROAD
BAY 13 - 14
SUNRISE FL 33351

4747 NOB HILL ROAD
BAY 13 - 14
SUNRISE FL 33351

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

98

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1997

5. FEI Number

65-0780979

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
PD	YU, ORESTE	7841 N.W. 44TH STREET 4747 NOB Hill Rd Ste 13	SUNRISE FL 33351
SD	YU, BELLA	7841 N.W. 44TH STREET 4747 NOB Hill Rd Ste 13	SUNRISE FL 33351

7000002705247-4
-12/07/98-01160-003
****750.00 ****750.00

12/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YU, ORESTE
~~7841 N.W. 44TH STREET~~
SUNRISE FL 33351

Name

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

4747 NOB Hill Rd

Suite, Apt. #, Etc.

Ste 13

City

SUNRISE

State

Zip Code

FL

33351

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/24/98

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/98 954-749-5088