

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P97000077078

1. Corporation Name

BELMONT LEASING CORP.

2. Principal Office Address

1036 SO. MIAMI AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33130

Country

3. Mailing Office Address

2121 PONCE DE LEON BLVD

Suite, Apt. #, etc.

240

City & State

CORAL GABLES, FL

Zip

33134

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/5/1997

5. FEI Number

650780447

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

PRATS, GABRIEL

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

240

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

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
DPC	CARVALHO, JOSE B.	1036 SO. MIAMI AVE.	MIAMI, FL 33130
DS	CARVALHO, SUSAN P.	1036 SO. MIAMI AVE	MIAMI, FL 33130
DT	RIBEIRO, EDSON M.	1036 SO. MIAMI AVE.	MIAMI, FL 33130
D	RIBEIRO, FERNANDO D.	1036 SO. MIAMI AVE.	MIAMI, FL 33130
D	RIBEIRO, RAFAEL D.	1036 SO. MIAMI AVE.	MIAMI, FL 33130

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

Date

Daytime Phone #

06.16.07

REINSTATEMENT 01

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FILED

01 JUL -5 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA