

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 FEB 12 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000083697

1. Corporation Name

BELLA GRANITE COBBLESTONE COMPANY, INC.

Principal Place of Business

1631 DEPAUW AVE
ORLANDO FL 32804

Mailing Address

PO BOX 540578
ORLANDO FL 32854-0578

REINSTATEMENT 00-01

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

4. Date Incorporated or Qualified
To Do Business in Florida

09/26/1997

Suite, Apt. #, etc.

10929 MILL POND WAY

CITY & STATE
ORLANDO FL

Zip
32825

Country
USA

Suite, Apt. #, etc.

P.O. Box 721531

CITY & STATE
ORLANDO FL

Zip
32872

Country
USA

5. FEI Number

59-3480255

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BOOTH, C.M.	1631 DEPAUW AVE	ORLANDO FL 32804
PRES	BENTO, ERALDO	10929 MILL POND WAY	ORLANDO FL 32825
V.P.	PAIVA, VERA	10929 MILL POND WAY	ORLANDO FL 32825
			600003743616--3 -02/20/01--01084--023-- ****900.00 ****900.00

8. Name and Address of Current Registered Agent

BOOTH, C M
1631 DEPAUW AVE
ORLANDO FL 32804

9. Name and Address of New Registered Agent

Name BENTO, ERALDO
Street Address (P.O. Box Number is Not Acceptable)
10929 MILL POND WAY
Suite, Apt. #, Etc.
City ORLANDO State FL Zip Code 32825

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

REGISTERED AGENT MUST SIGN

Date 1-4-01

11. 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 a 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

1-4-01 407 312 4400
Date Daytime Phone #

CR2E040 (8/00)