

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 540576
ORLANDO FL 32854-0576



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.
10929 MILL POND WAY
City & State
ORLANDO FL
Zip
32825
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 721531
City & State
ORLANDO FL
Zip
32872
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

09/26/1997

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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

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***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

(Signature) REGISTERED AGENT MUST SIGN (ERALDO BENTO)

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)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E040 (8/00)