

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 SEP 30 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT #

P97000083697

1. Corporation Name

Bella Granite Cobblestone Co., Inc.

2. Principal Office Address

10929 Mill Pond Way

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32825

Country

USA

3. Mailing Office Address

10929 Mill Pond Way

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32825

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. Name and Address of Current Registered Agent

Name

Eraldo P Bento

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

10929 Mill Pond Way

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32825

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

9/25/02

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
Pres.	Eraldo P Bento	10929 Mill Pond Way	Orlando, FL 32825
V.P.	Vera Paiva	10929 Mill Pond Way	Orlando, FL 32825

REINSTATEMENT

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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:

Eraldo P Bento

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eraldo P Bento/Pres. 9/25/02 407-658-3090

Date

Daytime Phone #

CR2E081 (9/01)