

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 21 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA7000088364

1. Corporation Name

The Belle Grove Corporation of Florida

2. Principal Office Address - No P.O. Box #

4612 SE 20th Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

4612 SE 20th PL

Suite, Apt. #, etc.

City & State

Cape Coral, FL.

City & State

Cape Coral, FL.

Zip

33904

Country

USA

Zip

33904

Country

USA

400188905474

12/21/10--01036--007 **758.75

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CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 6, 1997

5. FEI Number

65-0788226

☐ 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

Charles B. Jones III

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

4612 SE 20th PL.

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33904

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

Dec. 14, 2010

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
P/O	Charles B. Jones III	4612 SE 20th Pl.	Cape Coral, FL. 33904

10. E-mail Address:

(To be used for future annual report notification)

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 the corporation have been paid. I further certify, 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:

Charles B. Jones III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec. 14, 2010

Date

Daytime Phone #