

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

00-01-UBR
Catherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JUL 25 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name P97000094662

OUR BELLA, INC.

2. Principal Office Address

9050 PINES BLVD.

Suite, Apt. #, etc.

STE 205 (SCHECHTMAN)

City & State

PEMBROKE PINES, FL

Zip

33024

Country

BROWARD

3. Mailing Office Address

9050 PINES BLVD

Suite, Apt. #, etc.

SUITE 205

City & State

PEMBROKE PINES,

Zip

33024

Country

BROWARD

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/97

5. FEI Number

65-0794653

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

JENNIFER L. SCHECHTMAN, CPA

300004525193-2

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

9050 PINES, BLVD. SUITE

08/08/01-01096-014

***300.00 ***300.00

Suite, Apt. #, Etc.

SUITE 205

City

PEMBROKE PINES,

State

FL

Zip Code

33024

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 6/27/01

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	CHRISTIAN LUDWIGSEN	9050 PINES BLVD, STE205 (SCHECHTMAN)	PEMBROKE PINES, FL 33024

CR2001 (9/00)

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:

Chit Ldy

CHRISTIAN LUDWIGSEN 6/27/01

954-437-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jennifer L. Schechtman P.A.

202

CERTIFIED PUBLIC ACCOUNTANT

9050 PINES BOULEVARD, SUITE 205
PEMBROKE PINES, FL 33024
BROWARD 954/437-0700
DADE 305/625-9779
FAX 954/436-8195

July 19, 2001

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: OUR BELLA, INC. FEIN 65-0794653

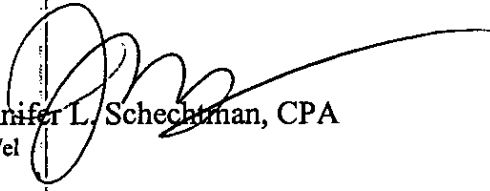
Dear Sir or Madam:

I am the Registered agent for the above-referenced company.

Enclosed please find a Uniform Business Reinstatement Form for Our Bella, Inc. The company never received the UBR Form for 2000 or 2001. I called your office to discuss this problem. Pursuant to that conversation I am respectfully asking for an abatement of penalties. Also please find enclosed a check in the amount of \$300 for reinstatement for the years 2000 and 2001.

I want to thank you for all of the help that was given to me. If you have any questions, please contact my office.

Very Truly Yours,


Jennifer L. Schechtman, CPA
JLS/el

ww.cor01 OUR BELLA, INC. UBR REINSTATEMENT-LTR