1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

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FILED
01 JUL 25 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name: P97000094662

OUR BELLA, INC.

2. Principal Office Address		3. Mailing Office Address	
9050 PINES BLVD.		9050 PINES BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
STE 205(SCHECHTMAN)		SUITE 205	
City & State		City & State	
PEMBROKE PINES, FL		PEMBROKE PINES,	
Zip	Country	Zip	Country
33024	BROWARD	33024	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--8
-07/03/01--01096--014
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 9050 PINES, BLVD. SUITE

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: _____ Date: 6/27/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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

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: _____ 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.

CERTIFIED PUBLIC ACCOUNTANT

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

207

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 From 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