

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 NOV 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000034005

1. Corporation Name

BRIAN BELT, P.A.

2. Principal Office Address

201 S. Biscayne Blvd.

3. Mailing Office Address

201 S. Biscayne Blvd.

Suite, Apt. #, etc.

1600 Miami Center

Suite, Apt. #, etc.

1600 Miami Center

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/14/98

5. FEI Number

650830126

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

Brian Belt

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

1600 Miami Center

City

Miami

State

FL

Zip Code

33131

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

11/28/06

Date

REGISTERED AGENT MUST SIGN

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
PD	Brian Belt	201 S. Biscayne Blvd.	Miami, FL 33131
			800082142258

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 347-7371

Brian Belt, President 11/28/06

Date

Daytime Phone #

K Eckel NOV 29 2006

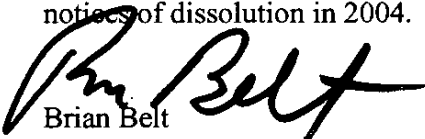
2/3

To Florida Division of Corporations

Re : Brian Belt, P.A
Document #: P98000034005

Ladies and Gentlemen:

As president of the referenced entity I confirm that I did not receive the annual report notice or notices of dissolution in 2004.


Brian Belt



CORPORATION SERVICE COMPANY

3/3

ACCOUNT NO. : 072100000032

REFERENCE : 627493 4304009

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$ 450

ORDER DATE : November 29, 2006

ORDER TIME : 10:07 AM

ORDER NO. : 627493-005

CUSTOMER NO: 4304009

DOMESTIC FILINGS

NAME: BRIAN BELT, P.A.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2006 NOV 29 PM 12:48
NOT INTENDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING