


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000036096					
1. Corporation Name BELETE STORES, INC. 13520 CAPITOL DRIVE TAMPA, FL 33613					
2. Principal Office Address 13520 CAPITOL DRIVE Suite, Apt. #, etc. City & State TAMPA, FL 33613 Zip 33613 Country USA			3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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-07/17/01--01016--001
****300.00 ****300.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3574197	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name NELSON CAPORICE C/O ALBANO & ASSOCIATES		
Street Address (P.O. Box Number is Not Acceptable) 1506 E. MARTIN L. KING BLVD.		
Suite, Apt. #, Etc.		
City TAMPA, FL	State FL	Zip Code 33610

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

Nelson Caporice

REGISTERED AGENT MUST SIGN

Date 06/29/01

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
PRES.	AMSALE W. ALEMU	13520 CAPITOL DRIVE	TAMPA, FL 33613
PRES.	SISSAY BELETE DECEASED		

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:

Amsale W. Alemu

AMSALE W. ALEMU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.28.01

Date

(813) 985-4261

Daytime Phone #

CR2E081 (9/00)

20F2

Albano & Associates

1506 E. Martin L. King Blvd.

P. O. Box 5542

Tampa, FL 33675

(813) 247-2060

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Reinstatement Division
P. O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to request a reinstatement for Belete Stores, Inc., Document #P99000036096, FIE #59-3574197.

We are requesting an abatement of penalty. There are special circumstances concerning this case. Mrs. Amsale W. Alemu was widowed on December 31, 2000 by a very unfortunate tragedy. Her husband, Sissay Belete, was murdered in his store.

Ms. Alemu was not involved in any of her husband's business dealings, as she has gone through the some of the paperwork it was discovered that her husband had not renewed his corporate certificate.

We would appreciate any consideration, and commit to file timely returns in the future.

Warmest regards,



Nelson Caporice

CC: ALEMU