

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

THE Di Bello Company, Inc.
P 99000054180

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

930 S. Courtenay Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

930 S. Courtenay Pkwy

Suite, Apt. #, etc.

City & State MERRITT ISLAND
FLORIDA

City & State MERRITT ISLAND
FLORIDA

Zip Country

32952 USA

Zip Country

32952 USA

7. Name and Address of Current Registered Agent

Name JO-ANN PRINCIPAL

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

930 S. COURTENAY PKWY

Suite, Apt. #, Etc.

City MERRITT ISLAND

State

FL

Zip Code

32952

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 14, 1999

5. FEI Number

593655678

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived. WRONG address

3280 instead of 930

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

JO-ANN PRINCIPAL V/S SHANEHADER

Date MAY 4, 2007

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
P/T	FRANK DIBELLO Director & Shareholder	3280 ROCKLEDGE BLVD	Rockledge FLORIDA 32955
V/S	JOANN PRINCIPAL Director & Shareholder	930 S. COURTENAY PKWY	MERRITT ISLAND FLORIDA 32952

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:

JOANN PRINCIPAL V/S
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 4, 2007

Date

Daytime Phone #

321 453 3388

JOANN PRINCIPAL
VICE PRESIDENT / SECRETARY / SHAREHOLDER

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
07 MAY - 7 AM 8:2006
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CR2E081 (1/07)