

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000058808

1. Corporation Name

**BELLE DECOR, INC.**

2. Principal Office Address - No P.O. Box #  
**1075 NE 99 ST**

Suite, Apt. #, etc.

City & State  
**MIAMI SHORES, FL**

Zip  
**33138**

Country  
**MIAMI DADE**

3. Mailing Office Address  
**1075 NE 99 ST**

Suite, Apt. #, etc.

City & State  
**MIAMI SHORES, FL**

Zip  
**33138**

Country  
**MIAMI DADE**

**REINSTATEMENT**  
CR2E081 (1/07)

**05-07**

4. Date Incorporated or Qualified  
To Do Business in Florida

**JUNE 28, 1999**

5. FEI Number  
**65-0946277**

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  
**EDUARDO ANTONACCI**

Street Address (P.O. Box Number is Not Acceptable)  
**1075 NE 99 STREET**

Suite, Apt. #, Etc.

City  
**MIAMI SHORES**

State  
**FL**

Zip Code  
**33138**

☒ 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.

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

*Eduardo Antonacci*  
**REGISTERED AGENT MUST SIGN**

Date **JUNE 18, 2007**

**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
DPST	EDUARDO ANTONACCI	1075 NE 99 STREET	MIAMI SHORES, FL 33138

**500105654505**

**07/06/07--01064--005 \*\*458.75**

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:

*Eduardo Antonacci*  
**EDUARDO ANTONACCI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6-18-07**

Date

**786-303-0605**

Daytime Phone #