

1072

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 20 PM 12:11

DOCUMENT # **P99000066750**

1. Corporation Name

Ricky Bella Incorporated
100 NW 6 Ave Lot 717
Homestead FL 33030

2. Principal Office Address

100 NW 6 Ave

Suite, Apt. #, etc.

Lot 717

City & State

Homestead

Zip

FL

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 00-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0936945

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

Ricky Bella

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

Suite, Apt. #, Etc

100 NW 6 Ave Lot 717

City

Homestead

State

FL

Zip Code

33030

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

REGISTERED AGENT MUST SIGN

Date

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
D/P	Ricky Bella	100 NW 6 Ave Lot 717	Homestead FL 33030

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:

Ricky Bella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/06 (186) 344-2750

Date

Daytime Phone #

242

**DIVISION OF CORPORATIONS
ANNUAL REPORT OR REINSTATEMENT
RICKY BELLA INCORPORATED
DOC # P99000066750**

March 15, 2006

**To: FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE**

I am writing this letter to explain the reason why I did not file the annual report, For 2000, 2001, 2002, 2003, 2004, 2005 years. I never received the annual report form or card required for the renewal. I am enclosing \$150.00 dollars for each year. I also include 2006 annual report payment. I am sending \$1058.75 .00 dollars Including \$8.75 to get the certificate of status.

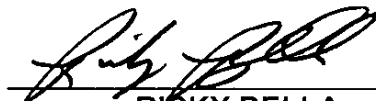
My mailing address is:

**RICKY BELLA
100 NW 6 AVE LOT 717
HOMESTEAD FL 33030**

Please take notice of this mailing address for any mailing I should have in the future to avoid any fee for not filed on time.

If you have any question does not hesitate to contact me at **(786)344-2750**

Sincerely,



**RICKY BELLA
PRESIDENT**