

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000070700

1. Corporation Name

BELL DESIGN GROUP, INC.

Principal Place of Business

4820 S. PENINSULA DR.
PONCE INLET FL 32127

Mailing Address

4820 S. PENINSULA DR.
PONCE INLET FL 32127



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3605563

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BELL, GARY D	4820 S. PENINSULA DR.	PONCE INLET FL 32127

800004736208--4
-12/24/01-01002-028
***150.00 ***150.00

12/20

8. Name and Address of Current Registered Agent

DORAN, THEODORE R
444 SEABREEZE BLVD., STE. 800
DAYTONA BEACH FL 32118

9. Name and Address of New Registered Agent

Name
GARY D. BELL
Street Address (P.O. Box Number is Not Acceptable)
4820 S. PENINSULA DR.
Suite, Apt. #, Etc.
RD
City
PONCE INLET FL
State
FL
Zip Code
32127

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 11-8-01

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

12-10-01 386-788-8084

Date Daytime Phone #

CR2E040 (8/01)



November 8, 2001

Department of State Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Gary Bell has been undergoing chemotherapy most of this year. His Bell Design Group, Inc. did not get filed in a timely fashion due to him being extremely tired, weak, and truthfully, forgetful from the chemotherapy he is being given. He now owes \$750.00 for reinstatement.

I spoke to a representative who advised me to write this letter and send a \$150.00 dollar check to see if this would be acceptable due to the nature of his medical condition.

Bell Design Group, Inc. was established for Gary Bell so that he could donate proceeds from paintings he did and sold to the Cancer foundation.

Sincerely,

Jeanette Hart
Asst. to President

CORPORATE HEADQUARTERS

365 Oak Place
Port Orange, FL 32127
386-788-8084 • 1-800-824-0080 • Fax 386-767-7331
www.donbellsigns.com



MEMBERS

