

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 20 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 099000071082

1. Corporation Name

Belsaguil Corp.

2. Principal Office Address

830 Westward Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Miami Spring Fl.

City & State

Fl.

Zip

33166

Country

Dade

Zip

Same

Country

Same

REINSTATEMENT 09-05

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0943377

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

Esteban Aguilar

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

830 Westward Dr.

Suite, Apt. #, Etc.

City

Miami Spring

100055723741

06/06/05--01008--001 **150 00

100055723741

06/06/05--01008--002 **150 00

State

FL

Zip Code

33166

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

5-17-05

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	Esteban Aguilar	830 Westward Dr	Miami Spring, Fl
Treas			
Secr			

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:

Esteban Aguilar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-17-05

Daytime Phone #

305

885-2279

CR2E081 (01/04)

12-27/04

202

Division of Corporation
Tallahassee, Fla.

Dear sir:

pg 90332 7/92

I know now that my Corporation Belsa gil Corporation is inactive. I never received the yearly form to pay the last year \$150.00.

Please accept the attach CR and send me the last form to pay the 2005 payment.

My address is Estedan Aguilar
Barahona.

830 Westward Drive
Miami Spring Fla. 33166

Thank you.

Estedan Aguilar B.

12/27/2004