

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

DOCUMENT # 125652

99 SEP 30 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Corporation Name

BELLEAIR 26 CORP.

Principal Place of Business

3697 42ND WAY SO.  
STE 60K  
ST. PETERSBURG, FL 33711  
USA

Mailing Address

3302 AZEELE STREET  
TAMPA, FLORIDA 33609

REINSTATEMENT

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

2 New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3 New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3302 AZEELE STREET

TAMPA, FLORIDA

33609

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/31/1992

SP

5. FEI Number

59-3125018

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BOUCHARD, PIERRE	208 MARIE VICTORIN	VERCHERES (QUEBEC) JOL 2R0

100003006561 --E1  
-10/05/99-01115-011  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

VINCENT E. WALSH  
3302 AZEELE STREET  
TAMPA, FLORIDA 33609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Vincent E. Walsh*

REGISTERED AGENT MUST SIGN

Date

9/12/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

*Pierre Bouchard*

Date

Sept 23rd/99

Daytime Phone #

480 583-6812

CR2001 (12/98)