

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 MAY 21 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V30733

1. Corporation Name

BELL ADDITIVES U.S., INC.

Principal Place of Business

Mailing Address

P.O. BOX 540307
MERRITT ISLAND FL 32954
US

P.O. BOX 540307
MERRITT ISLAND FL 32954
US

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

Suite, Apt. #, etc.
931 N. State Rd. #434 #1201
City & State
Altamonte Springs, FL
Zip
32714
Country
USA

PRO-ACCT SERVICES, INC.
129 W. HIBISCUS BLVD.
SUITE Q
MELBOURNE, FL 32901

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1992

5. FEI Number

59-3122884

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPC	ANDERSON, STEVEN	3613 S. BANANA RIVER BLVD #D-402 931 N. State Rd 434 #1201-296	COCOA BEACH FL Altamonte Springs FL 32714
			000004432570--2 -06/20/01--01054--020 *****750.00 *****750.00
			000004432570--2 -06/20/01--01054--021 *****8.75 *****8.75
			000004432570--2 -06/20/01--01054--022 *****150.00 *****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

931 N. State Rd 434
ANDERSON, STEVEN
715 S. BEACH ST.
SUITE D-402
DAYTONA BEACH FL 32114
#1201-296
Altamonte Springs, FL
32714-7022

Name
STEVEN ANDERSON
Street Address (P.O. Box Number is Not Acceptable)
931 N. STATE RD. 434
Suite, Apt. #, Etc.
#1201-296
City
ALTAMONTE SPRINGS
State
FL
Zip Code
32714-7022

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/15/01
2000-11-11

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
STEVEN ANDERSON

Date

Daytime Phone #

904-258-1557

CR2E040 (8/00)