

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33283**

1. Corporation Name

BELMONT OF AMERICA, INC.

Principal Place of Business

Mailing Address

1001 BRICKELL BAY DR
SUITE-1910
MIAMI FL 33131
US

1001 BRICKELL BAY DR
SUITE 1910
MIAMI FL 33131
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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/1992

5. FEI Number

65-0390655

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	4 City / State / Zip
PSD	PINHEIRO, NELSON N.	1001 BRICKELL BAY DR. #1910	MIAMI FL 33131
M	PINHEIRO, MARCIA PONTE	1001 S BRICKELL BAY DR. #1910	MIAMI FL 33131

000024761740
11/17/03--01093--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINE FINANCIAL SERVICES
1001 BRICKELL BAY DRIVE, SUITE 1910
MIAMI FL 33131

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/24/03

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

FILED

03 DEC 10 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

03

CR2E040 (7/03)

BELMONT OF AMERICA, INC.

Miami, December 9, 2003

**Florida Department of State
Division of Corporations
Attn.: Mrs. Tina Roberts
Document Specialist**

**Re: BELMONT OF AMERICA, INC
FEIN# 65-0390655
Reinstatement fee**

To Whom It May Concern:

Please have the reinstatement fee waived since we did not receive any prior UBR notices.

We do want keep BELMONT IF AMERICA, INC as an active company.

Should you have any question please call us at (305) 810.1219.

Sincerely,



Marcia Ponte Pinheiro