

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 202184 1. Entity Name BAL-BRIDGE CORPORATION					
Principal Place of Business 10240 COLLINS AVE BAL HARBOUR MIAMI BCH, FL 33154		Mailing Address 10240 COLLINS AVE BAL HARBOUR MIAMI BCH, FL 33154			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BECKER & POLIAKOFF P.A. 3111 STIRLING ROAD POST OFFICE BOX 9057 FT. LAUDERDALE, FL 33310-9057				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
				Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: 				DATE: 3/2/05	
Signature, typed or printed name of registered agent and title, if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	PT. GAUGHAN, ROSEMARY <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAUGHAN, ROSEMARY		NAME	10240 COLLINS AVE	
STREET ADDRESS	10240 COLLINS AVE		STREET ADDRESS	BAL HARBOUR FL. 33154	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	BAL HARBOUR FL. 33154	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V. ADAMS, CAROL <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOTEK, LEONARD		NAME	10240 COLLINS AVE	
STREET ADDRESS	10240 COLLINS AVE		STREET ADDRESS	BAL HARBOUR FL. 33154	
CITY-ST-ZIP	BAL HARBOUR, F: 33154		CITY-ST-ZIP	BAL HARBOUR FL. 33154	
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	S. BARBARA, GEHRING <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLAUVELT, HAROLD		NAME	2421 LAKE PANCOAST DR.	
STREET ADDRESS	10240 COLLINS AVE		STREET ADDRESS	MIAMI BEACH FL. 33140	
CITY-ST-ZIP	BAL HARBOUR, FL 33154		CITY-ST-ZIP	MIAMI BEACH FL. 33140	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME	300048846203	
STREET ADDRESS			STREET ADDRESS	03/22/05--01022--009 **300.00	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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4. FEI Number **59-0819674** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **3/2/05** **305968-6737**