PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 NOV -6 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 607925

1. Corporation Name

TROOP - BALAS & CO., INC.

REINSTATEMENT 2002

Principal Place of Business	Mailing Address
217 TARPON INDUSTRIAL CIR TARPON SPRINGS FL 34689	217 TARPON INDUSTRIAL CIR TARPON SPRINGS FL 34689

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
1730 Alt 19	Po 39248 US Hwy 19N
Suite, Apt. #, etc. Bay # 120	Suite, Apt. #, etc. Lot # 288
City & State Tarpon Springs FL	City & State Tarpon Springs, FL
Zip 34689 Country USA	Zip 34689 Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/25/1979

5. FEI Number: 59-1896942 ☐ 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
CPT	HEINLY, PHYLLIS I	39248 US HWY 19 N #288	TARPON SPRINGS FL
S	HEINLY, PHYLLIS I	39248 US HWY 19 N #288	TARPON SPRINGS FL
VM	HEINLY, WILLIAM L	39248 US HWY 19 N #288	TARPON SPRINGS FL
		300008834693 11/06/02--01116--005 **750.00	

8. Name and Address of Current Registered Agent

HEINLY, PHYLLIS I
39248 US HWY 19 N
LOT 288
TARPON SPRINGS FL 34689

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

CR2E040 (8/02)

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 REQUIRED — Date: Nov 4th 2002
REGISTERED AGENT MUST SIGN

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 REQUIRED — Nov 4th 02 — (727 937-1941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #