

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 13 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # F02000003746**

1. Corporation Name

**BALCLUTHA, INC.**

Principal Place of Business

Mailing Address

3038 RIVIERA DRIVE  
KEY WEST FL 33040

3038 RIVIERA DRIVE  
KEY WEST FL 33040

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



REINSTATEMENT 03

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/22/2002	
City & State		City & State		5. FEI Number	
Zip		Country		31-1307334	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PT	WARDROPE, A ROBIN	3038 RIVIERA DRIVE	KEY WEST FL 33040

700023749277  
10/13/08--01083--005 \*\*150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ECKSTEIN, ALAN 3010 FLAGLER AVENUE KEY WEST FL 33040		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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: *Alan Eckstein* **SIGNATURE REQUIRED** Date: 10-10-03

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: *Robin Wardrope* **SIGNATURE REQUIRED** PRESIDENT (305) 292-2688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

# BALCLUTHA

incorporated

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October 9, 2003

**Divisions of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314 – 6327**

**Re: Balclutha Inc F000003746**

Dear Sir/Madam

I was shocked to receive a notice of revocation for the above corporation. The Ohio Corporation was registered in July of 2002 to do business in Florida, but in fact did not conduct business in the State during 2002. I was unaware of the requirements to file any business reports and did not receive any notices or any "uniform business report" (UBR) forms.

I would formally request a waiver of the full reinstatement fees and am enclosing the signed reinstatement application and a check for \$150.00.

Sincerely



Robin Wardrope  
President  
File:reinstatement