

APPLICATION FOR REINSTATEMENT



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

FILED

00 DEC 27 PM 12: 54

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002029**

1. Corporation Name

BALCKE-DURR, INC.

Principal Place of Business Mailing Address
 405 REO STREET - SUITE 300 405 REO STREET - SUITE 300
 TAMPA FL 33609 TAMPA FL 33609



REINSTATEMENT *[Handwritten Signature]*

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/26/1995	
City & State		City & State		5. FEI Number	
				65-0567738	
Zip		Country		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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD P	BE-WAART, HENDRIKUS <i>Brett Vasseur</i>	405 REO ST.	TAMPA FL 33609
GTSO V,T	HARTENECK, RAINER H <i>Derrell Taylor</i>	405 N. REO ST.	TAMPA FL 33609
GD	KOSTEN, HANS	405 N. REO STREET	TAMPA FL 33609
ASAT	CASIGLIA, TECKLA	405 N. REO ST.	TAMPA FL 33609

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 ****750.00 ****750.00
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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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]* **SIGNATURE REQUIRED** Date *12-21-00*
 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]* **SIGNATURE REQUIRED** Date *12-21-00* Daytime Phone # *817-232-4661*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR