

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILLED

00 JAN 88 PM 4:00G

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 093050045681

1. Corporation Name  
B.A.T.A. Corporation

2. Principal Office Address  
20335 W. Country Club Dr.

3. Mailing Office Address  
395 Alhambra Circle

Suite, Apt. #, etc.  
Unit 2201

Suite, Apt. #, etc.  
Suite 301

City & State  
N. Miami Beach, FL

City & State  
Coral Gables, FL

Zip Country  
33180 USA

Zip Country  
33134 USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida  
6/29/1993

5. FEI Number  
65-0678370

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Jorge L. Lopez-Garcia

Street Address (P.O. Box Number Not Acceptable)  
395 Alhambra Circle

Suite, Apt. #, Etc.  
Suite 301

City  
Coral Gables

200003536822-3  
-01/16/01==01022--016  
\*\*\*\*750.00 \*\*\*\*750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/12/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PDT	De Batalla, Ana Isabel G.	Unit 2201 20335 W. Country Club Dr.	N. Miami Beach, Florida 33180
VPS	Batalla, Julian A.	Unit 2201 20335 W. Country Club Dr.	N. Miami Beach, Florida 33180

10. 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)(b), F.S. The information submitted on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Batalla, Julian A., Dir.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/12/00

(305)441-2171  
Daytime Phone