

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



FILED

99 JUL 30 PM 3:58

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **043000047200**
 Corporation Name **Mitch Balan Enterprises dba Balan Printing Group**

Mailing Address
**7601 E. TREASURY DR.
 MIAMI FL 33141** **SAME**

Incorrect information and enter correction below.
 New Mailing Office Address, If Applicable
**3710 BISCAYNE BLVD
 MIAMI FL 33137** **SAME**

Suite, Apt. #, etc.
 City & State

Zip **33137** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FE# Number **650848087** 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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Mitch Balan	5 ISLAND AVE. M. Bch. FL 33139	
			700002959967--0 -08/13/99--01114--007 ***1350.00 ***1350.00
REINSTATEMENT 95-99 TS			

8. Name and Address of Current Registered Agent

**KENNETH N. REKANT, JR.
 ONE LINCOLN RD. BLDG. SUITE 203
 MIAMI BEACH, FLORIDA 33139-2036**

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 _____

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 _____ Date **2/17/99**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 **305 573 0420**
 Date Daytime Phone #

CR2E046 (1/98)