

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 31 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000063906

1. Corporation Name

Balbrook, Inc.

2. Principal Office Address

2910 Crayton Rd.

3. Mailing Office Address

2910 Crayton Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34103

Country

USA

Zip

34103

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3334537

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas A Goodwin

Street Address (P.O. Box Number is Not Acceptable)

2910 Crayton Rd

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

REINSTATEMENT

99/01/01

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

Thomas A Goodwin
REGISTERED AGENT MUST SIGN

Date

5-24-01

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
P, S, T D	Thomas A. Goodwin	2910 Crayton Road	Naples, Florida 34103

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)(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:

Thomas A Goodwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

5-24-01

(941) 216-1036

Daytime Phone #

CR2E081 (9/00)