

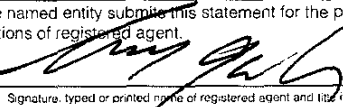
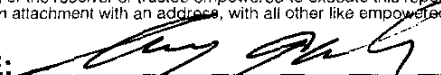


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 202184 1. Entity Name BAL-BRIDGE CORPORATION																																																																																																																																																					
Principal Place of Business 10240 COLLINS AVE BAL HARBOUR MIAMI BCH, FL 33154			Mailing Address 10240 COLLINS AVE BAL HARBOUR MIAMI BCH, FL 33154																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em; font-weight: bold; margin-bottom: 10px;">05 MAR -7 AM 11:46</div> <div style="font-size: 0.8em; font-weight: bold; margin-bottom: 10px;">ALLAHASSEE, FLA</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em; font-weight: bold;"> 02252005 REIN-P CR2E098 (6/04) </div>																																																																																																																																																	
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Zip	Country	Zip	Country																																																																																																																																																		
4. FEI Number 59-0819674				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																																																																																	
6. Name and Address of Current Registered Agent BECKER & POLIAKOFF P.A. 3111 STIRLING ROAD POST OFFICE BOX 9057 FT. LAUDERDALE, FL 33310-9057				7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																																																																																																																	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <div style="font-size: 1.5em; font-weight: bold;">3/2/05</div> <small>DATE</small> </div> </div>																																																																																																																																																					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																																																	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">S</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAUGHAN, ROSEMARY</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10240 COLLINS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BAL HARBOUR, FL 33154</td> <td></td> </tr> <tr> <td>TITLE</td> <td>V</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BOTEK, LEONARD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10240 COLLINS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BAL HARBOUR, F; 33154</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PT</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLAUVELT, HAROLD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10240 COLLINS AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BAL HARBOUR, FL 33154</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																																																																																																																																					
SIGNATURE:  3/2/05 305868-6737																																																																																																																																																					