

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY 25 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 275928

1. Corporation Name

POVIA-BALLANTINE CORPORATION

2. Principal Office Address - No P.O. Box #

11460 Royal Tee Circle

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33991

Country

USA

3. Mailing Office Address

11460 Royal Tee Circle

Suite, Apt. #, etc.

City & State

Cape Coral, FL

Zip

33991

Country

USA

REINSTATEMENT 05-11

CR2E081 (11/2001)

4. Date Incorporated or Qualified
To Do Business in Florida

11/21/1963

5. FEI Number
591026161

☐ 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

Dean Ballantine

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

11460 Royal Tee Circle

Suite, Apt. #, Etc.

City

Cape Coral

State

FL

Zip Code

33991

600207596396
05/25/11--01002--004 **158.75

600207596396
05/12/11--01031--011 **1500.00

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

Dean Ballantine
REGISTERED AGENT MUST SIGN

Date

5/10/11

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/N/S/T/D	Dean Ballantine	11460 Royal Tee Circle	Cape Coral, FL 33919

10. E-mail Address: **royalteedb@yahoo.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Dean Ballantine

Dean Ballantine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/11

Date

239-283-0991

Daytime Phone #