

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVAL  
FILED

13 SEP 17 PM 1:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 389456

1. Corporation Name

BALSER A CONSTRUCTION, INC.

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

9125 SW 28 ST.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33165

Country

USA

Zip

Country

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

591382747

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

MIGUEL A. BALSERA

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

9125 SW 28 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

900251791869  
09/17/13--01005--011 \*\*900.00

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

*Miguel A. Balsera*

REGISTERED AGENT MUST SIGN

Date

09-13-13

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
PD	MIGUEL A. BALSERA	9125 SW 28 ST.	Miami FL 33165
STD	MIGUELINA CARRION-BALSERA	9125 SW 28 ST.	Miami FL 33165

10. E-mail Address:

(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., 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

SIGNATURE:

*Miguel A. Balsera*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

09-13-13

Daytime Phone #