


**2005 FOR PROFIT CORPORATION  
REINSTATEMENT**

<b>DOCUMENT # 833125</b>	
1. Entity Name <b>BALA INVESTMENTS N.V.</b>	

Principal Place of Business <b>C/O CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA, 15TH FLOOR MIAMI, FL 33131-4332</b>	Mailing Address <b>9095 SW 87 AVE 777 MIAMI, FL 33136</b>
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2. Principal Place of Business <b>c/o Shutts &amp; Bowen LLP</b>	3. Mailing Address <b>c/o Shutts &amp; Bowen LLP</b>
Suite, Apt. #, etc. <b>201 S. Biscayne Blvd., Suite 1500 (JDB)</b>	Suite, Apt. #, etc. <b>201 S. Biscayne Blvd., Suite 1500 (JDB)</b>

City & State <b>Miami, Florida</b>	City & State <b>Miami, Florida</b>
Zip <b>33131</b>	Country <b>USA</b>

10102005 REIN-P CR2E098 (6/04)

4. FEI Number <b>59-1555612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 100 CHOPIN PLAZA, 15TH FLOOR MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b>
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO YOHOROS, MOISES % 201 S BISCAYNE 16TH FL MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOHOROS, DAVID M. % 201 S BISCAYNE 16TH FL MIAMI, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COVENANT MANAGEES NV 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHEERSKANTOR, LEX PIETERMAAI 23 CURACAO, NETH, ANTIL. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAYAN, GAY ALEGRE Y 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAMOUI DE YOHOROS, CAMELIA 100 CHOPIN PLAZA 16TH FLOOR MIAMI, FL 33131 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <del>10/13/05 - YOHOROS, DAVID M. **150.00</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600060585846</b> 10/13/05--01060--009 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>DAVID M. YOHOROS</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Moises Yohoros* Moises Yohoros, President 10/12/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
05 OCT 13 AM 8:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

