

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

06 JUN -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F0300000131

1. Corporation Name

Balanced Track Management Corp.

2. Principal Office Address
212 W. 35th St

3. Mailing Office Address
212 W. 35th St

Suite, Apt. #, etc.
2nd Floor

Suite, Apt. #, etc.
2nd Floor

City & State
New York, NY

City & State
New York, NY

Zip
10001

Country
USA

Zip
10001

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 01/08/03

5. FEI Number
13-4162901

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 04-06

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name: CT corporation system 300076209483

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road 06/15/06--01007--007 *1058.75

Suite, Apt. #, Etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0503, F.S.

Signature of Registered Agent



Michael J. Mitchell
Assistant Secretary 5-30-2006

REGISTERED AGENT MUST SIGN

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/D	Joseph Berger	212 W. 35th St, 2nd Fl	New York, NY 10001
S/D	Daniel Samson	212 W. 35th St, 2nd Fl	New York, NY 10001

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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:



Joseph Berger

5-30-06
Date

212-643-1150
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR