

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

00 DEC 27 PM 12: 54

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F95000002029**

1. Corporation Name  
**BALCKE-DURR, INC.**

Principal Place of Business Mailing Address  
 405 REO STREET - SUITE 300 405 REO STREET - SUITE 300  
 TAMPA FL 33609 TAMPA FL 33609



**REINSTATEMENT** *2000*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/26/1995	
City & State		City & State		5. FEI Number	
Zip		Country		65-0567738	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCD P	BE-WAART, HENDRIKUS <i>Brett Vasseur</i>	405 REO ST.	TAMPA FL 33609
GTSO V,T	HARTENECK, RAINER H <i>Derrell Taylor</i>	405 N. REO ST.	TAMPA FL 33609
GD	KOSTEN, HANS	405 N. REO STREET	TAMPA FL 33609
ASAT	CASIGLIA, TECKLA	405 N. REO ST.	TAMPA FL 33609

100003524051-3  
 -01/04/01--01108--001  
 \*\*\*\*750.00 \*\*\*\*750.00  
*LS*

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date *12-21-00*  
 REGISTERED AGENT MUST SIGN

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** Date *12-21-00* Daytime Phone # *817-232-4661*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR