

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
JIM SMITH  
Secretary of State  
DIVISION OF CORPORATIONS  
**L01000003345**

FILED

02 DEC 12 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000003345  
Name and Mailing Address

0003579 01 FP 0.352 \*\*PRSR T1 0 0615 33326-157955  
BAL-CO ENTERPRISES, L.L.C.  
16855 CRESTVIEW LANE  
WESTON FL 33326-1579



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 16855 CRESTVIEW LANE WESTON FL 33326		5. Date Organized or Qualified To Do Business in Florida 03/02/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 65-0397823	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent BALIKOS, DANIEL L 16855 CRESTVIEW LANE WESTON FL 33326		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 700009490357 12/12/02--01083--004 **150.00 City FL Zip Code	
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *[Signature]* Date 12-10-02  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Danny Balikos	16855 Crestview Ln Weston FL 33326	
Vis. Sec.	Shari Balikos	" "	

**REINSTATEMENT 2002**

*[Signature]*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager DANIEL L. BALIKOS, S/S/ Date Daytime Phone #

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)