Jan 11 10 04:22p

made under oath

SIGNATURE:

Gods

Valed LO TO WW 6202020 13

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # LO 7000020201 Ballery Services International, 600166220076 2. Principal Office Address - No P.O. Box # 3. Malling Office Address CR2E081 (11/09) Suce, Apt. #, etc. Surie, Apl. #, etc. 1642561251. 16425W Date Incorporated or Qualified To Do Business in Florida City & State City & State Applied For 5. FEI Number Miami Mami CERTIFICATE OF STATUS DESIRED \$ 59.75 Additional Fee requi ÚSÁ 33135 7. Name and Address of Current Registered Agent ☐ The reinstatement fee is imposed, except in Corporation Service Company circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you 1201 Hays Street are certifying the prior notices were not Suite, Apt #, Etc. received and requesting the reinstatement fee be waived. Zip Code FL 32301 Tallahassee ed agent of the blogs named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. 8. I, being appointed the re Sue G. Knight Signatore of Registered Agent as its agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip 710 Gd na exandbr 16425W12 vanange 214@4ahoo.com 10. E-mail Address: 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. Hurther certify that when filling This reinstatement application, the reason for dissolution has been eliminated, the corporate name estates the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation has been equirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation for feet of the feet of the feet of owed by the concoration have

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HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ACCOUNT NO.

I2000000195

REFERENCE :

248735

7573273

AUTHORIZATION

COST LIMIT

ORDER DATE: January 12, 2010

ORDER TIME: 3:46 PM

ORDER NO. : 248735-005

CUSTOMER NO:

7573273

DOMESTIC FILINGS

NAME:

BATTERY SERVICES INTERNATIONAL, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

___ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 2956

EXAMINER'S INITIALS