

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO2000000158**

1. Corporation Name

**Balmoral Estates Homeowner's
Association, Inc.**

2. Principal Office Address - No P.O. Box #

8105 NW 2nd St

Suite, Apt. #, etc.

3. Mailing Office Address

8105 NW 2nd St

Suite, Apt. #, etc.

City & State

Miam FL

City & State

Miam. FL

Zip

33126

Country

US

Zip

33126

Country

US

7. Name and Address of Current Registered Agent

Name

LIZBETH MESA

Street Address (P.O. Box Number is Not Acceptable)

8105 NW 2nd Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Lizbeth Mesa
REGISTERED AGENT MUST SIGN

Date **MAY 25, 2010**

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	LIZBETH MESA	8105 NW 2nd St	Miami, FL 33182
VP	IVETTE GOVANTIS	12688 NW 10th Way	Miami, FL 33182
S	LIZBETH MESA	8105 NW 2nd St	Miami, FL 33126
T	GERARDO VEGA	11975 SW 19th Terrace No 48	Miami, FL 33175

10. E-mail Address: **lizbethm7@gmail.com**

(To be used for future annual report notification)

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. I further certify, 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:

Lizbeth Mesa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAY 25, 2010 305 804 3485

Date

Daytime Phone #

FILED

10 MAY 27 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08-10

100181436761
05/27/10--01048--011 **358.75

CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1-10-2002

5. FEI Number

83 0430820

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☐ The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

25/28