PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris 02 JUL 16 PM 12: 32 REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATES DOCUMENT # P000000 94596 1. Corporation Name B.A. AMERICAN CORP 3. Mailing Office Address
9270 E. BAY HARBOR DO THE TO THE T 2. Principal Office Address 9270 E. GAY HARBOR DE Suite, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State MIAMI, FL. MOAMI FL. 5. FEI Number Applied For 65-1048699 Not Applicable COND. DADE 33.154 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent Guillerno Zukowski **100006660641**---07/25/02--01049-006 Street Address (P.O. Box Number is Not Acceptable)
9270 E. BAY HARBOL DQ. <u>****</u>*700<u>.00 ****</u>*00.00 MIAMI, FL. State 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 Date 07 - 14-02 -Registered 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) Name of Officers and/or Directors Street Address of Each City / State / Zip Guillerno Zukowski 9270 E. BAY HARROR DR. 8A MIAMI, FL. 33154 OSVALDO R. BLAHCO 17280 BAY HARBORDE. 4.4Mi, FL. 33154 GERMAN SCHLATTER 1027-94 ST. 71441, FL. 33154 <u>1dana66</u>60641--8 -07/<u>25/02--01049--007</u> ****200.00 ****200.00 10. 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 application is true and accurate and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-02. (305) 301-7180

Taylime Phon

June 27th, 2002

Ms. Eula Peterson,

I really appreciate you helping me expedite this re-instatement. Should you have any questions, please don't hesitate to contact me at lepiane@yahoo.com or 305-301-7180.

Thank you very much

Guillermo Zukowski