

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000031721

1. Corporation Name

BALLCO, Inc.

REINSTATEMENT 03

000025969480
01/05/04--01017--003 **750.00

2. Principal Office Address

POST OFFICE BOX 71

Suite, Apt. #, etc.

3. Mailing Office Address

POST OFFICE BOX 71

Suite, Apt. #, etc.

City & State

KATHLEEN, FL

Zip

33849

Country

USA

City & State

KATHLEEN, FL

Zip

33849

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02-01-2001

5. FEI Number

59-3707457

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHARLES WAYNE BALL

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

9118 KATHLEEN RD.

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33849

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

Charlie Ball

Date 12-29-03

REGISTERED AGENT MUST SIGN

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/D	CHARLES WAYNE BALL	9118 KATHLEEN RD.	LAKELAND, FL 33849

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 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:

Charlie Ball

CHARLES W. BALL

12-29-03

Date

(863)559-9722

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)