

02-03

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 16 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800019184348

05/16/03--01069--012 **308.75

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000043257

1. Corporation Name

BALTIC BUSINESS MANAGEMENT, INC.

2. Principal Office Address

2754 W. ATLANTIC BLVD

3. Mailing Office Address

2754 W. ATLANTIC BLVD

Suite, Apt. #, etc.

UNIT 18

Suite, Apt. #, etc.

UNIT 18

City & State

POMPANO BEACH

City & State

POMPANO BEACH

Zip

33069

Country

USA

Zip

33069

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/30/2001

5. FEI Number

59-3727434

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

MAREK KROTOFIL

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

7667 W. SAMPLE RD #148

Suite, Apt. #, Etc.

#148

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

Date

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
D	MAREK-KROTOFIL	9170 NW 42 COURT	CORAL SPRINGS FL 33065

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:

MAREK KROTOFIL

05/05/03 954 4157045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

p 5122

BALTIC BUSINESS MANAGEMENT INC.

**Please waved reinstatement fee because we do not
received applications for years 2002 and 2003.**

**Thank You
M. Krotofil**

A handwritten signature in black ink, appearing to be 'M. Krotofil', is written over the printed name.