

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 18 AM 9:55

DOCUMENT # **P02000031928**

1. Corporation Name

BALINGER INTERNATIONAL CORPORATION

900055191129
05/24/05--01050--014 **450.00

2. Principal Office Address

3089 DIVIDING CREEK DR

3. Mailing Office Address

3089 DIVIDING CREEK DR

REINSTATEMENT 03-05

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FLORIDA

City & State

SARASOTA FLORIDA

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/2002

5. FEI Number

01-0618108

Applied For

Not Applicable

Zip

34237

Country

USA

Zip

34237

Country

USA

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AMANUEL RETA

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

3089 DIVIDING CREEK DR

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34237

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

May 17 2005

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
CEO	AMANUEL RETA	3089 DIVIDING CREEK DR	SARASOTA/FL/34237
CFO	BETEL TAFESSE	3089 DIVIDING CREEK DR	SARASOTA /FL/34237

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:

[Signature]

AMANUEL RETA

May 17 2005

941 544 6700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

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MAY 17 2005

TO- Secretary of State

From Ammanuel Reta.

Re: Balinger International Corporation

Document # PD20000 31928

Because we did not receive Any Correspondance from the State ; Balinger international corp. did not file the Annual report For the year 2003, 2004, 2005, upon our knowledge of this we have filed A Reinstatement Application, we under the Circumstances would like to request ~~the~~ to waive the reinstatement Fee of \$600. Enclosed please find a complete Application and check For \$ 450

Thank you.

For Balinger international
CEO AMANUEL Reta.

