

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

102

**DOCUMENT # P02000122471**

1. Entity Name  
**BALBOA PRODUCTIONS & DESIGNS, INC.**



FILED

05 MAY -2 PM 5:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*

Principal Place of Business  
**962 NORTHLAKE BLVD.  
#171  
LAKE PARK, FL 33403**

Mailing Address  
**962 NORTHLAKE BLVD.  
#171  
LAKE PARK, FL 33403**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**717 50TH ST.**  
Suite, Apt. #, etc.

City & State  
**WPB, FL.**

City & State  
**WPB, FL.**

Zip  
**33407**

Country  
**PALM BEACH.**



**REINSTATEMENT 04-05**

0429

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent  
**BATISTA, DANIE'L  
962 NORTHLAKE BLVD.  
#171  
LAKE PARK, FL 33403**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE **April 27, 2005**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P BATISTA, DANIE'L 962 NORTH LAKE BLVD. #171 LAKE PARK, FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500055328535 05/25/05--01038--012 **300.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V BATISTA, DANIE'L 962 NORTH LAKE BLVD. #171 LAKE PARK, FL 33403</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE **April 27, 2005** DAYTIME PHONE # **561-842-2120**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Balboa Productions & Designs, INC.

2062

April 27, 2005

Division Of Corporations  
PO Box 6327  
Tallahassee, FL. 32314

**ATTN: Reinstatement Department**

**RE: Document Number: P02000122471**  
**-Reinstatement for 2004 & 2005**

Please accept this correspondence and check number 1087 in the amount of \$300 (\$150 for 2004 annual report & \$150 for 2005 annual report) as I did not receive my annual report for 2004 on the above referenced company.

Should you have any questions or need further assistance, please contact me at 561-842-8776 or at my e-mail address referenced below.

Sincerely,

Kealle' – Iangelic D. Batista  
Balboa Productions & Designs, INC. – President