

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FIL.

05 DEC -5 PM 10:18

**DOCUMENT # P03000043690**

**1. Corporation Name**

Babalon Property Management, Inc

**2. Principal Office Address**

501 Briny Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

USA

**3. Mailing Office Address**

501 Briny Avenue

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

Zip

33062

Country

USA

CR2E081 (8/05)

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

04/18/2003

**5. FEI Number**

☐ 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

Michael Corea

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

501 Briny Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33062

**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

*Michael J. Corea*  
REGISTERED AGENT MUST SIGN

Date 12-01-2005

**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
P	Michael Corea	501 Briny Avenue	Pompano Beach, FL, 33062
T	Michael Corea	501 Briny Avenue	Pompano Beach, FL, 33062

600061911796  
12/05/05-01052-018 \*\*\*300.00

**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 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:**

*Michael J. Corea*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-01-2005

Date

954 553 1102

Daytime Phone #

CO. Williams DEC - 5 2005