

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 AUG -1 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000146740

1. Corporation Name

BALEIA PROPERTIES, INC.

500133865735  
08/01/08--01040--004 \*\*450.00

**REINSTATEMENT** 06-08

2. Principal Office Address - No P.O. Box #

3350 NW 60TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

3350 NW 60TH ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33142

Country

USA

Zip

33142

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida: 12/05/2003

5. FEI Number

20-0456247

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

JOSEPH SHOMAR

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

7777 NW 146th ST.

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 7/28/08

**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
DP	ISHWAR MAHARAJ	10772 NW 69TH TERRACE	DORAL, FL 33178
DV	BALLIRAM MAHARAJ	9535 FOXTROT LANE	BOCA RATON, FL 33496
DS	ASHA MAHARAJ	10772 NW 69TH TERRACE	DORAL, FL 33178
DT	LEELA, MAHARAJ	9535 FOXTROT LANE	BOCA RATON, FL 33496

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/08

Date

Daytime Phone #