


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
06 OCT 10 PM 12:10

SEC. OF
TALLAHASSEE, FLORIDA

DOCUMENT # 0400004965
 1. Corporation Name
 Bala Builders, Corp.

~~AR~~
REINSTATEMENT 2005-2006
 WOL-42703

2. Principal Office Address
 15060 SW 80 AV
 Suite, Apt. #, etc.

3. Mailing Office Address
 " "
 " "

City & State
 Miami, FL

City & State
 " "

Zip
 33158

Country
 U.S.A.

Zip
 " "

Country
 " "

4. Date Incorporated or Qualified To Do Business in Florida
 3/19/04

5. FEI Number
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name
 Ramon Barrios

Street Address (P.O. Box Number is Not Acceptable)
 15060 SW 80 AV

Suite, Apt. #, Etc.

City
 Miami

State
 FL

Zip Code
 33158

300081301523
10/27/06--01051--008 **150.00

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
 9/25/06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

TITLE	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Ramon Barrios	15060 SW 80 AV	Miami, FL 33158

300081301523
10/27/06--01051--016 **150.00

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: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
 9/25/06

Daytime Phone #

CRS 10/16/2006

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BALA BUILDERS, CORP.
15060 SW 80 AVE
MIAMI, FL 33158
786.486.9929

September 25, 2006

Florida Department of State
Division of Corporations

Re: **BALA BUILDERS, CORP.**
P04000049655

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail due to our new address: 15060 SW 80 AVE MIAMI, FL 33158 so thank you in advance for your time and consideration.

Sincerely,

Ramon Barrios
President

