

2005 FOR PROFIT CORPORATION REINSTATEMENT

B 192

DOCUMENT # P04000112936

1. Entity Name
BALBINDER & MCELROY, INC.



Principal Place of Business
2631 PARKVIEW DR
HALLANDALE BEACH, FL 33009 US

Mailing Address
2631 PARKVIEW DR
HALLANDALE BEACH, FL 33009 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11112005 REIN-P CR2E098 (6/04)

4. FEI Number
20-1437470

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCELROY, MARSHA
2631 PARKVIEW DR
HALLANDALE, FL 33009

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

TITLE VP
NAME MCELROY, MARSHA
STREET ADDRESS 2631 PARKVIEW DR
CITY-ST-ZIP HALLANDALE, FL 33009 ☐ Delete

TITLE P
NAME BALBINDER, LYNN
STREET ADDRESS 4000 NW 57TH ST.
CITY-ST-ZIP BOCA RATON, FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
REINSTATEMENT 05

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-10-05

B282

Mitchell J. Howard

CERTIFIED PUBLIC ACCOUNTANT

November 10, 2005

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

*Re: Balbinder & McElroy, Inc.
P04000112936
Request for Abatement of Reinstatement Fee*

I write on behalf of the above referenced taxpayer, specifically to request abatement of the Corporate Reinstatement Fee outlined in your letter dated October 18, 2005. Attached is a copy of that letter and other correspondence related to the 2005 late filed Annual Business Report.

The taxpayer received your letter dated August 12, 2005 stating The Department would wave the late fee and the reinstatement fee if the Report was submitted in 30 days. By the time the taxpayer received the August 12 letter, South Florida, (specifically Hallandale) was preparing for a direct hit from Hurricane Katrina.

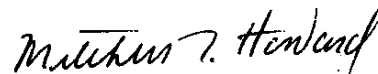
The storm disrupted the normal course of business for those of us in the area. This interruption added to the cause as to why the taxpayer failed to respond within the 30 day window provided.

Additionally, the taxpayer suffered nearly 2 weeks of lost business resulting from Hurricane Wilma. The reinstatement fee of \$600.00 presents a severe economic hardship for this entity.

Enclosed please find the Reinstatement form for 2005. I respectfully request your consideration toward waiving the reinstatement fee.

Please issue your final determination directly to the taxpayer.

Sincerely,



Mitchell J. Howard

Enclosures