

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000032263

1. Corporation Name

BALLYWATER OF FLORIDA, INC.

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

ONE NORTH OCEAN BOULEVARD

Suite, Apt. #, etc.

UNIT 503

City & State

BOCA RATON, FL

Zip

33432

Country

US

3. Mailing Office Address

7875 NW 12TH STREET

Suite, Apt. #, etc.

SUITE 113

City & State

DORAL, FL

Zip

331226

Country

US

7. Name and Address of Current Registered Agent

Name

GARY D. MALFELD

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

7875 NW 12 STREET

Suite, Apt. #, Etc.

SUITE 113

City

DORAL

State

FL

Zip Code

33126

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

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
PD	ALVARO ESQUIVEL	P.O. BOX 1373-1000, SAN JOSE, COSTA RICA	
STD	GEANNINA ESQUIVEL	P.O. BOX 1373-1000, SAN JOSE, COSTA RICA	
VP	FERNAN ESQUIVEL	20783 NE 37 PL	MIAMI, FL 33180

10. E-mail Address: gmalfeld@gate.net

(To be used for future annual report notification)

11. 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. I further certify, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/5/2010 (305) 281-6381

FILED

10 JUN -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100181572131
06/01/10--01086--015 ***450.00

REINSTATEMENT

CR2E081 (4/10)

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

PROFIT CORPORATIONS ONLY

☒ The \$600.00 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.