PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2024 APR 11 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P19000022305

1. Corporation Name
Inbalance Corp

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1359 Swan Lake Cir	1359 Swan Lake Cir
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dundee	City & State: Dundee
Zip: FL / Country: 33838	Zip: FL / Country: 33838

4. Date Incorporated or Qualified To Do Business in Florida: 3/11/2019

5. FEI Number: 83-4051182 ☐ 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: Sylvia Andino

Street Address (P.O. Box Number is Not Acceptable): 1359 Swan Lake Cir

Suite, Apt. #, Etc.

City: Dundee / State: FL / Zip Code: 33838

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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: _____ Date: _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida 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	Sylvia Andino	1359 Swan Lake Cir	Dundee FL 33838
VP	Jose L Bauzo	1359 Swan Lake Cir	Dundee FL 33838
	J DENNIS		
	APR 11 2024		

10. E-mail Address: sandinoinsurance@gmail.com
(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: 4/3/2024 224249827