

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

P92000006375

1. Corporation Name *Balboa Bay Trading Company*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT 25 PM 3:00

Principal Place of Business

Mailing Address

4422 NW 74 Avenue  
Miami, Florida  
33166

13615 S. DIXIE HWY. #114-446  
MIAMI, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4422 NW 74 Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

13615 S. Dixie Hwy

Suite, Apt. #, etc.

City & State  
Miami, Florida

Zip  
33166

Country  
USA

City & State  
Miami, Florida

Zip  
33176

Country  
USA

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4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0527861

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Andreas Poschl	20320 SW 79 Avenue	MIAMI, FL 33189
VP	Andreas Poschl	20320 SW 79 Avenue	Miami, FL 33189
S	Andreas Poschl	20320 SW 79 Avenue	Miami, FL 33189
T	Andreas Poschl	20320 SW 79 Avenue	Miami, FL 33189
			000003032850--4 -11/02/99--01087--004 *****50.00 *****750.00 10/10/99

8. Name and Address of Current Registered Agent

Marija Ibaner Poschl  
20320 SW 79 Avenue  
Miami, FL 33189

9. Name and Address of New Registered Agent

Name  
Andreas Poschl

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

20320 SW 79 Avenue

Suite, Apt. #, Etc.

City  
Miami

State  
FL

Zip Code  
33189

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Andreas Poschl*

REGISTERED AGENT MUST SIGN

Date 10/12/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 AND FULL PRINT NAME OF SIGNING OFFICER OR DIRECTOR

10/12/99

Date

305-471-4566

Daytime Phone #

CR2081 (12/98)