2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 AM 9:34

DOCUMENT # P92000008462

1. Entity Name
BALHENCE ENGINEERING, INC.

REINSTATEMENT 04-05

Principal Place of Business	Mailing Address
407 ALCAZAR AVE CORAL GABLES, FL 33134	407 ALCAZAR AVE CORAL GABLES, FL 33134

05192005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
17017 NW 23 ST.	17017 NW 23 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PEMBROKE PINES, FL.	City & State: PEMBROKE PINES FL.
Zip: 33028 Country: BROWARD	Zip: 33028 Country: BROWARD

4. FEI Number: 65-0478498 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BARRERO, ALIRIO A
407 ALCAZAR AVE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name: ALIRIO ALAN BARRERO

Street Address (P.O. Box Number is Not Acceptable): 17017 NW 23 STREET

City: PEMBROKE PINES FL Zip Code: 33028

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRERO, ALIRIO A 407 ALCAZAR AVE. CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ALIRIO ALAN BARRERO 17017 NW 23 STREET PEMBROKE PINES FL. 33028 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT THIERRY JACQUES 89 NW 158 STREET MIAMI FL 33169 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300055916613 06/08/05--01072--007 **150.00 300055916613 06/08/05--01072--008 **150.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300055916613 06/08/05--01072--009 **8.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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: _____ 5/26/05 305-753-1267
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #