

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -9 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P43000043863

1. Corporation Name

BALmet Holdings, Inc.

REINSTATEMENT 01-03

2. Principal Office Address

20803 Biscayne Blvd

Suite, Apt. #, etc.

77200

City & State

AVENURA FL

Zip

33180

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

800018679958

05/09/03--01088--002 **1050.00

4. Date Incorporated or Qualified
To Do Business in Florida

6-21-93

5. FEI Number

650436015

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

NORMAN LEVINE

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

901 N.E. 125th Street

Suite, Apt. #, Etc.

C/O Sheldon Ribotsky + Levine

City

N. Miami

State

FL

Zip Code

33161

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/23/03

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
DPT	DAVID SINGERMAN	10171 Pelletier Ave Montreal North Quebec	Montreal, N. Quebec

10. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

Daytime Phone #

CR2E081 (10/02)

5/15