

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 JUL 30 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 043000047200  
Corporation Name Mitch Balan Enterprises  
dba Balan Printing Group

Mailing Address  
7601 E. TREASURE DR.  
MIAMI FL 33141

SAME

incorrect information and enter correction below.  
New Mailing Office Address, If Applicable

3710 BISCAYNE BLVD  
MIAMI FL 33137

Suite, Apt. #, etc.  
City & State SAME

4. Date Incorporated or Qualified To Do Business in Florida

5. FE# Number 650848087 Applied For Not Applicable

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

Zip 33137 Country USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	Mitch Balan	5 ISLAND AVE. M. BEACH FL 33139	
			700002959967--0 -08/13/99--01114--007 ***1350.00 ***1350.00
REINSTATEMENT 95-99 TS			

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
KENNETH N. REKANT, JR. ONE LINCOLN RD. BLDG. SUITE 203 MIAMI BEACH, FLORIDA 33139-2036	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code

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 [Signature] REGISTERED AGENT MUST SIGN Date 2/17/99

11. This corporation owes or has paid 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 305 573 0420  
4/10/99  
Daytime Phone #