

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

96 DEC 31 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061845

1. Corporation Name

BALMOR, INC.

Principal Place of Business

2607 COLLINS AVE
MIAMI BEACH FL 33140

Mailing Address

2607 COLLINS AVE
MIAMI BEACH FL 33140

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1995

5. FEI Number

65-0602255

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
PD	BALDASSARRE, PAOLO	2601 COLLINS AVE #211	MIAMI BEACH FL 33140
VD	MORGIANTE, ROSSANO	2601 COLLINS AVE #211	MIAMI BEACH FL 33140

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***375.00 ***375.00

JB1-2 97

8. Name and Address of Current Registered Agent

BALDASSARRE, PAOLO
2607 COLLINS AVE
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name Ramin A. CAUVATJ
Street Address (P.O. Box Number is Not Acceptable)
7112 S.W. 103 PL
Suite, Apt. #, Etc.
City Miami State FL Zip Code 33173

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

Ramin A. CAVATJ
REGISTERED AGENT MUST SIGN

Date 12/26/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Baldassarre Paolo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/96
Date

(305) 538-2347
Daytime Phone #