

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # *P970000 62400*

1. Corporation Name

BALMA INC.

2. Principal Office Address

6211 SW 185 Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Southwest Ranches

City & State

Zip

33332

Country

USA

Country

4. Date Incorporated or Qualified To Do Business in Florida

7-17-1997

5. FEI Number

65-0961858

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required for a Certificate of Status

REINSTATEMENT 00

7. Name and Address of Current Registered Agent

Name

Lynn Balma

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

6211 SW 185 Way

Suite, Apt. #, Etc.

City

Southwest Ranches

State

FL

Zip Code

33332

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

Lynn Balma
REGISTERED AGENT MUST SIGN

Date *12/28/2000*

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
<i>pres</i>	<i>Lynn Balma</i>	<i>6211 SW 185 Way</i>	<i>Southwest Ranches 33332</i>
<i>VP</i>	<i>Pete Balma</i>	<i>6211 SW 185 Way</i>	<i>Southwest Ranches 33332</i>
			<i>1/3</i>

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

Lynn Balma
LYNN BALMA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *12/28/2000*

Daytime Phone # *954 252-1058*

CR2E081 (9/99)