

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 29 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073146

1. Corporation Name

Samuel D. Ballen, P.A.

2. Principal Office Address

2295 NW Corporate Blvd.

Suite, Apt. #, etc.

Suite 117

City & State

Boca Raton FL

Zip

33431

Country

USA

3. Mailing Office Address

2295 NW Corporate Blvd

Suite, Apt. #, etc.

Suite 117

City & State

Boca Raton FL

Zip

33431

Country

USA

**REINSTATEMENT**

99-01

4. Date Incorporated or Qualified  
To Do Business in Florida

8/22/97

5. FEI Number

65-0775253

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

Samuel D Ballen

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

2295 NW Corporate Blvd.

Suite, Apt. #, Etc.

Suite 117

City

Boca Raton

State

FL

Zip Code

33431

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

Se D Ballen

REGISTERED AGENT MUST SIGN

Date 7/27/04

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
D	Samuel D. Ballen	2295 NW Corporate Blvd Suite 117	Boca Raton, FL 33431

106848259941  
08/17/04--01068--002 \*\*908.75

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:

Se D Ballen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/27/04

Daytime Phone #

561-864-0000

CR2E081 (07/04)

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**BLOOM  
BALLEN &  
FREELING**  
ATTORNEYS AT LAW

2295 NW CORPORATE BOULEVARD • SUITE 117  
BOCA RATON, FLORIDA 33431  
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SAMUEL D. BALLENG  
JONATHAN BLOOM\*\*  
MICHAEL A. FREELING\*\*  
ALSO ADMITTED IN  
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44 SOUTH BROADWAY  
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WHITE PLAINS, NY 10601  
TEL: 914-421-3085  
FAX: 914-686-5141

July 28, 2004

Secretary of State  
Division of Corporations

Re: Samuel D. Ballen, P.A.

Dear Sir/Madam:

I am seeking to reinstate the above referenced personal services corporation. I have reviewed my files and note that I never received the 1999 Annual Report. It was probably sent to my then address and was never forwarded to me. Please waive the fees and accept my check in the amount of \$908.75 for the back annual report filing fees and a certificate of good standing. Thank you in advance.

Sincerely,



Sam Ballen

SDB/de