

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 MAR 26 AM 9:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 998000044909

1. Corporation Name BAL BAY Leasing, Inc.

2. Principal Office Address

9910 Collins Av

Suite, Apt. #, etc.

PH 14

City & State

BAL Harbor

Zip

33154

Country

USA

3. Mailing Office Address

9910 Collins Av

Suite, Apt. #, etc.

PH 14

City & State

BAL Harbor

Zip

33154

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/98

5. FEI Number

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

AmeriLawyer

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

343 ALMERIA Ave

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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 3/22/01

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
STUD	John R. Asen	9910 Collins Av, PH 14	BAL Harbor, FL 33154

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
JOHN Asen

Date

3/22/01

Duration: Office #

305-785-0127

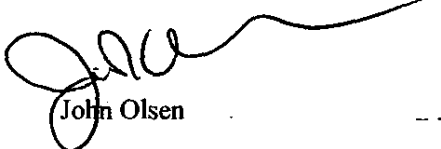
John Olsen
9910 Collins Ave. PH 14
Bal Harbour, FL 33154

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

March 22, 2001

Please accept this reinstatement fee for the Bal Bay Leasing, Inc. To date I have not received the annual report for this corporation. If it was not for my new attorney who is tending to my affairs I don't know when I would have received notice that is corporation is inactive.

Thank you for your consideration.



John Olsen