

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

CORPORATION  
REINSTATEMENT

99-01 UBR

DOCUMENT # 79800044909

1. Corporation Name  
BAL BAY LEASING, INC.

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2. Principal Office Address 9910 Collins Av Suite, Apt. #, etc. PH 14 City & State BAL Harbour Zip 33154		Country USA		3. Mailing Office Address 9910 Collins Av Suite, Apt. #, etc. PH 14 City & State BAL Harbour Zip 33154		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida 5/19/98	
5. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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]* Date: 3/22/01  
REGISTERED AGENT MUST SIGN

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
STTD	John R. Asen	9910 Collins Av, PH 14	BAL Harbour, FL 33154

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: JOHN ASEN  
Date: 3/22/01  
Division Office #: 305-785-0127

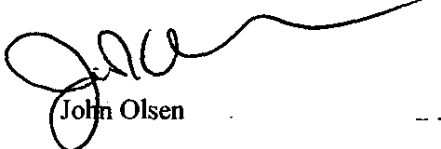
John Olsen  
9910 Collins Ave. PH 14  
Bal Harbour, FL 33154

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