## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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THE STATE OF THE S	FLORIDA DEPAI	RTMENT OF STATE	FILED
CAROLANON Katherine Harris			VISION OF CORPORATION -
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DOCUMENT #P990002	3950		
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1. Corporation Name	_		[
COUNTER BALANC	E INVE	STMENTS	
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2. Principal Office Address	3. Mailing Office Address		
62 pa Milk Emiliació P. m			
	200 VINKEMULDER ROAD		
te, Apt. #, etc. Suite, Apt. #, etc.			
			4. Date Incorporated or Qualified _
0. 0.0	City 0 Ctata		To Do Business in Florida
City & State	State City & State		5. FEI Number Applied For
COSONUT LOREK A			65-095/906 Not Applicable
Zip Country	Zin	Country	
	2.10	Country	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required
33073 01			for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name (11, 11, 0, 1), and a second sec			
SHAHRUKH DHANIS			
Street Address (P.O. Pay Number is Not Assentable)			
4200 VINI	KEMULL	ien Ka	A D
Suite, Apt. #, Etc.			
City State Zip Code			
COCONVT CAEEK FL 33073			
8. I, being appointed the registered agent of the abo	ve named corporation, am	familiar with and accept the o	bligations of section 607.0505 or 617.0503, F.S.
Signature of			
Signature of Registered Agent Date 6 11 60			
REGISTERED AGENT MUST SIGN			
and the second of the second o			
9. Names and Street Addresses of Each Officer and	d/or Director (Florida nonp	rofit corporations must list at le	ast 3 directors)
Titles Name of		Street Address of Eacl	1 City / State / Zip
Titles Officers and/or Directors		Officer and/or Directo	r Oity / State / Zip
_	412	2 NW 78-70	EAR SCAINS FL
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DS. SAJID S	hah 380	N. FED HU <del>MPAWO</del>	MULDER COCCAUT FL 3307 ROBO POMPANO BCH FL 33064
D. S. SAJID S	hah 380 Agraniver or trustee empowered	N. FED HU	MULDER COCONT FX 3307  R-AD  DY  POMPAND. BCH  FL. 33064  provided for in chapter 607 or 617, F.S. I further certify that when filling
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for diss	hah 380 Hah iver or trustee empowered solution has been eliminate	to execute this application as indicated, the corporate name satisfies	POWPAND. BCH FL. 33CG4  provided for in chapter 607 or 617, F.S. I further certify that when filling at the requirements of section 607.0401 or 617.0401, F.S., that all fees
10. I certify that I am an officer or director or the rece this reinstatement application, the reason for dissowed by the corporation have been paid and the	hah 380 Hah iver or trustee empowered solution has been eliminate names of individuals listed	to execute this application as I d, the corporate name satisfies I on this form do not qualify for	provided for in chapter 607 or 617, F.S. I further certify that when filing is the requirements of section 607.0401 or 617.0401, F.S., that all fees an exemption under section 119.07(3)(i), F.S. The information indicated
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## CounterBalance Investments, Inc. 4200 Vinkemulder Road Coconut Creek, FL 33073

October 11, 2000

Florida Department of State PO Box 6327 Tallahassee, FL 32314

RE: CounterBalance Investments, Inc P9923950

Dear Sirs:

Enclosed is the Reinstatement Application for the above noted organization. Please be advised that we did not receive the Annual Report/Uniform Business Report. Also enclosed is a check in the amount of \$150 for reinstatement.

Thank you.

Very truly yours,

SHAHRUKH BHANJI

President