CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 25 PH 5: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51979

1. Corporation Name
UNIT 10M BALMORAL CORP.

REINSTATEMENT 02-05

2. Principal Office Address	**3.** Mailing Office Address
9801 Collins Avenue	9801 Collins Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Unit #10M	Unit #10M
City & State	City & State
Bal Harbour, FL	Bal Harbour, FL

Zip	Country	Zip	Country
33154	USA	33154	USA

4. Date Incorporated or Qualified To Do Business in Florida   5/13/91

5. FEI Number 65-0385993 | 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: Jacqueline Arguedas

Street Address (P.O. Box Number is Not Acceptable): 9801 Collins Ave, FL

Suite, Apt. #, Etc.: Unit 10M

City: Bal Harbour, FL   State: FL   Zip Code: 33154

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   REGISTERED AGENT MUST SIGN   Date 1/11/05

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
P/S	JACQUELINE ARGUEDAS	9801 Collins Avenue, #10M	Bal Harbour, FL 33154
		300045894013	
		02/03/05--01007--003 **1200.00	

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: 1/11/05   305-861-0025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E081 (01/05)