

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 MAY 29 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S51979

1. Corporation Name

Unit 10M Balmoral Corp.

600130440726
05/29/08--01029--034 **450.00
CR2E081 (12/07)

2. Principal Office Address - No P.O. Box #

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 1400

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 1400

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 05/13/1991

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

Law Center of the Americas, LLC

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

701 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1400

City

Miami

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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.

LAW CENTER OF THE AMERICAS, LLC

Signature of

Registered Agent

Vice President

Date 5-22-08

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Arguedas, Jacqueline	701 Brickell Avenue, Suite 1400	Miami, Florida 33131

REINSTATEMENT

06-08
[Signature]

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 contained in Chapter 119, 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

May 6, '08

Date

011-507-66171616

Daytime Phone #

011-507-66171616