

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 00 FEB -7 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S75569**

1. Corporation Name
BALBOA GARDEN APARTMENTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 10612 PANAMA 4, PANAMA	P.O. BOX 10612 PANAMA 4, PANAMA



REINSTATEMENT 09-100

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/23/1991
City & State	City & State	5. FEI Number
Zip	Country	98-0018242
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
		\$6.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DESALADO, HILDAURA B.	VILLA ESPANA #195, PL RE	PANAMA CITY, PANAMA

800003138098-5
 -02/16/00--01096--021
 ****935.00 ****935.00

8. Name and Address of Current Registered Agent

**KANNER, LEWIS M.
 SALOMON KANNER & DAMIAN P.A.
 80 S.W. 8TH ST., SUITE 2550
 MIAMI FL 33130**

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *[Signature]* Date 12/20/99
 REGISTERED AGENT MUST SIGN

11. 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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

KE

CR2E040 (8/99)