

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -9 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000006254

1. Corporation Name

BASIS100 CORPORATION

Principal Place of Business

Mailing Address

~~4 PARK PLAZA, SUITE 800
IRVINE CA 92614~~

~~4 PARK PLAZA, SUITE 800
IRVINE CA 92614~~

REINSTATEMENT 02

800009006078
11/14/02--01069--012 **750.00

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

2. New Principal Office Address, If Applicable
5210 BELFORT ROAD

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/07/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-3460643

Applied For

City & State

City & State

Not Applicable

JACKSONVILLE, FL

Zip

Country

Zip

Country

32256

DUVAL

6. CERTIFICATE OF STATUS DESIRED \$8.75 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	DURRANI, OWAIS SMITH, ROBERT	4 PARK PLAZA, SUITE 800 5210 BELFORT RD, SUITE 220	IRVINE CA 92614 JACKSONVILLE, FL 32256
VS	HAKIM, NAVEED PVLONNIS, JAMES	4 PARK PLAZA, SUITE 800 5210 BELFORT RD, SUITE 220	IRVINE CA 92614 JACKSONVILLE, FL 32256
T	THOMAS, MURRAY	33 YONGE STREET, SUITE 900	TORONTO, ONT., CANADA
D	BARTHOLOMEW, GARY	4 PARK PLAZA, SUITE 800 5210 BELFORT ROAD, SUITE 220	IRVINE CA 92614 JACKSONVILLE, FL 32256

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARACORP INCORPORATED
236 EAST 6TH STREET
TALLAHASSEE FL 32303

Name
C T CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

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. or 617.0505, F.S.

Signature of Registered Agent

PETER F. SOUZA
REGISTERED AGENT
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/6/02

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:

JAMES PAVLONNIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/12/02 904-470-2300

CR2E040 (8/02)