

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 28 PM 3:36

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L19607

1. Corporation Name

The Bass Group, Inc.

2. Principal Office Address

41 N. Jefferson Street

3. Mailing Office Address

628 Bay Cliffs Road

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Pensacola

City & State

Gulf Breeze

Zip

32502

Country

USA

Zip

32561

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

9/28/1989

5. EEL Number

59-2623011

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$3.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name  
Michael T. Bass

Street Address (P.O. Box Number is Not Acceptable)  
628 Bay Cliffs Road

Suite, Apt. #, Etc.

City  
Gulf Breeze

State  
FL

Zip Code  
32561

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

*Michael T. Bass*

REGISTERED AGENT MUST SIGN

Date 9/26/06

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
D	Michael T. Bass	628 Bay Cliffs Road	Gulf Breeze, FL 32561

REINSTATEMENT 04-05

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:

*Michael T. Bass*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/06

Date

850-435-4700

Daytime Phone #