

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR 27 AM 10:54

CLERK OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P030000 11933

1. Corporation Name

BASSO ELECTRICAL SVCS. CORP

2. Principal Office Address

3722 SW 133 PL

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

3. Mailing Office Address

3722 SW 133 PL

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33175

Country

USA

REINSTATEMENT 06-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1/31/2003

5. FEI Number

13-4234018

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

Roberto R. BASSO

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

3722 SW 133 PLACE

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

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

X *R Basso*

Date

X *R Basso* 1.19.07

REGISTERED AGENT MUST SIGN

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
DP	Roberto R. Basso	3722 SW 133 PL	Miami, FL 33175

200095821542
04/05/07--01010--006 **300.00

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 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: X

R Basso

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 1.19.07

Date

(505) 218-8800

Daytime Phone #

2/4/2

Briele & Echeverria, P.A.

Certified Public Accountants

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January 11, 2007

Department of State
Division of Corporations
P. O. Box 6237
Tallahassee, FL 32314

RE: Basso Electrical SVCES., Corp.
Doc#: P03000011933

To whom it may concern:

We are the accountants for the above referenced client. Our client just learned that his corporation had been administratively dissolved in September 2006. He never received any of your notices for renewal. Therefore, we researched your internet database and found your records have an incorrect zip code for his mailing address. We have completed the Corporate Reinstatement form, corrected the address on the form, and have enclosed a check for \$150, in full payment of the annual fee.

We respectfully request you abate the reinstatement fee. We deem our client should not be burden with the hardship of the late filing fee since the situation was beyond their control. We respectfully request you abate any penalties related to this filing and reinstate the corporation.

We thank you in advance for your assistance in this matter and if you have any questions regarding this matter please do not hesitate to contact us.

Sincerely,



E. Beatriz Brouwer, CPA