

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 19 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000016029**

1. Corporation Name
Bazells Patwoeld, Inc.

HP

2. Principal Office Address
2415 N. MONROE

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 520

Suite, Apt. #, etc.
← Same

City & State
Tall., Fl.

City & State

Zip **32303** Country **LEON**

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **2-18-99**

5. FEI Number Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$875. Additional Fee required for a Certificate of Status

REINSTATEMENT 00-03

7. Name and Address of Current Registered Agent

Name **Robert J. Bazell**

Street Address (P.O. Box Number is Not Acceptable)
2415 N. MONROE

200025821362
12/30/03--01004--004 **600.00

Suite, Apt. #, Etc.
520

City
Tall.

State **FL** Zip Code **32303**

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 *[Signature]*
REGISTERED AGENT MUST SIGN

Date **12/19/03**

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
Pres	Robert J. Bazell	2415 N. MONROE	Tall., Fl 32303
V. Pres	Jonathan Bazell	2415 N. MONROE	Tall., Fl 32303

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 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

12/19/03

Date

850-385-4868

Daytime Phone #

CR2E081 (10/02)

To Whom IT MAY CONCERN,

WE HAVE NOT RECEIVED UBR NOTICE IN 2000
Therefore we had ~~know~~ - Idea WE
WERE IN Default

