

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F01000006254

1. Corporation Name

BASIS100 CORPORATION

Principal Place of Business

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

Mailing Address

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

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

Suite, Apt. #, etc.

SUITE 220

City & State

JACKSONVILLE, FL

Zip

32256

Country

DUVAL

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT



800009006078

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

FILED

02 DEC -9 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2001

5. FEI Number

95-3460643

Applied For

Not Applicable

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 PAVLONNIS, 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

PARACORP INCORPORATED
236 EAST 6TH STREET
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

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

CR2E040 (8/02)

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 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