

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -3 PM 3:59

DOCUMENT # F03000000444

1. Corporation Name

BASS & BABB CASE MANAGEMENT INC

500065198345
02/06/06--01021--006 **458.75

2. Principal Office Address

139 NORTH MAIN ST

Suite, Apt. #, etc.

City & State

OSCEOLA IA

Zip
50213

Country

CLARKE

3. Mailing Office Address

139 N MAIN

Suite, Apt. #, etc.

City & State

OSCEOLA IOWA

Zip

50213

Country

CLARKE

REINSTATEMENT 04-06
CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2003

5. FEI Number

42-1457246

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND RD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

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

Lauren Froman

Lauren Froman

Assistant Secretary

Date

01/11/2006

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
PRES	KATHLEEN A BASS	1060 BORGHESE LN	NAPLES FL 34114
VP	KEVIN BABB	1544 NW 127TH CT	CLIVE IA 50325

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:

Kevin Babb

KEVIN BABB

641-342-7235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



The next generation in health care services!

January 5, 2006

Florida Department of State
Secretary of State
Division of Corporations

RE: Corporation Reinstatement

Dear Sir,

I am writing to you in regards to our corporation being reinstated in the state of Florida. The revocation in the state of Florida came to our attention today. Please let this letter serve as notice that we did not receive the annual statement renewal for the state of Florida.

The enclosed Corporation Reinstatement reflects our correct address which is different than the address shown on your website for our company. Per instructions received from the Florida Department of State, we respectfully request the reinstatement fee be waived due to the fact we did not receive the annual statement renewal form.

Please find enclosed the completed Corporation Reinstatement form as well as a check for 2004 and 2005 annual report fees. The check amount is calculated based on \$61.25 for the annual report fee per year and \$150.00 for the profit corporation fee per year totaling \$422.50.

Please notify us directly in writing as to your disposition of this matter.

Sincerely,

Kevin W. Babb
Sr. Vice President

Enc: Form
Check