

PLEASE READ ALL INSTRUCTIONS BEFORE C

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

19 APR 23 AM 8:13

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F12000001127
 1. Corporation Name
BASS PRECAST ERECTING, INC.

2. Principal Office Address - No P.O. Box # 2504 Hwy 129 South		3. Mailing Office Address P.O. Box 1849	
Suite, Apt. #, etc. Unit 3		Suite, Apt. #, etc.	
City & State Cleveland, Ga		City & State Cleveland, Ga	
Zip 30528	Country US	Zip 30528	Country US

4. Date Incorporated or Qualified To Do Business in Florida
03/13/2012

5. FEI Number: 26-0485314 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED: Yes No \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C.T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. # Etc.

City
PLANTATION

State
FL

Zip Code
33324

REINSTATEMENT

2017-2019

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0565 or 617.0503, F.S.

Signature of Registered Agent: By: C T CORPORATION SYSTEM
Chris Richard Assistant Secretary

Date: 04-23-19

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	David R. Bass	2504 Hwy 129 South Suite 3	Cleveland, Ga 30527
S	Tiffany Hunter	2504 Hwy 129 South Suite 3	Cleveland, Ga 30527

10. E-mail Address: bass.precast@yahoo.com (To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE: Tiffany Hunter Tiffany Hunter Secretary 4/23/19 706-800-7563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H190001331813)))



H190001331813AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCAC00000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
BASS PRECAST ERECTING, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,058.75

SECRETARY OF STATE

2019 APR 23 PM 4:01

RECEIVED