

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
FILED

01 JUN -7 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**

1. Corporation Name

CAPITAL BASE CORPORATION

F98000002119

200004416872--0

-06/13/01--01012--022

\*\*\*\*\*900.00 \*\*\*\*\*900.00

**2. Principal Office Address**

c/o G. Maynard, Burr & Forman LLP

**3. Mailing Office Address**

c/o G. Maynard, Burr & Forman LLP

Suite, Apt. #, etc.

600 W. Peachtree St., Suite 1200

Suite, Apt. #, etc.

600 W. Peachtree St., Suite 1200

City & State

Atlanta, Georgia

City & State

Atlanta, Georgia

Zip

30308

Country

USA

Zip

30308

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/14/98

**5. FEI Number**

58-1968989

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 Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33179

**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

*Connie Bryan*

**CONNIE BRYAN**

**SPECIAL ASSISTANT SECRETARY**

Date

6/7/01

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
CP	Fred S. Zohouri	905 Perrins Springs Court	Lawrenceville, Georgia 30243

**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:**

*Fred S. Zohouri*

Fred S. Zohouri

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06/05/01

404.815.3000

Daytime Phone #

**CT CORPORATION SYSTEM**

CORPORATION(S) NAME

Capital Base Corporation

0

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input checked="" type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input checked="" type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

RECEIVED  
 01 JUN -7 AM 11:14  
 DIVISION OF CORPORATION

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

6/7/01

Order#: 4535201

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

*mw*

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 Tallahassee, FL 32301  
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 Fax 850 222 7615