

CAPITAL CONNECTION

850 222 1222

02/03 '05 11:30 NO.735 02/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 FEB -4 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98 00000 2119

1. Corporation Name

CAPITAL BASE CORPORATION

2. Principal Office Address

4001 Presidential Pkwy

Suite, Apt. #, etc.

S. 1512

City & State

Atlanta GA

Zip

30340

Country

DeKalb

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

04.14.98

5. FEL Number

581968989

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

MARK L. ROSEN

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

18250 NW 2nd Avenue

Suite, Apt. #, Etc.

Suite C

City

Miami FLA

State

FL

Zip Code

33169

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

Date 02/03/05

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	Fred S. Zohouri	4001 Pres Pkwy 1512	Atlanta GA 30340

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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 118.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED S. ZOHOURI
PRES

02/03/05

Date

6785971300

Daytime Phone #