

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 18 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H162288**

1. Corporation Name

BASE Electric Florida Inc.

REINSTATEMENT

86-93

2. Principal Office Address

224 EDMOR ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

224 EDMOR ROAD

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL.

City & State

**WEST PALM BEACH
FLORIDA**

Zip

33405

Country

USA

Zip

33405

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/17/1985

5. FEI Number

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

MARY M MESSER

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

705 LORI DR

Suite, Apt. #, Etc.

Bldg 16 Apt 205

City

PAHM SPRINGS

State

FL

Zip Code

33461

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

Mary M Messer

REGISTERED AGENT MUST SIGN

Date **3-6-03**

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
P	GILDO CERASUOLO	224 EDMOR ROAD	WEST PALM BEACH, FLORIDA, 33405

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

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

Date

Daytime Phone #

CR2E081 (10/02)