

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Rg1052

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

12 MAR 13 AM 9:55  
STATE  
CORPORATIONS

DOCUMENT # J91096

1. Corporation Name

BASHA, INC  
807 VILLA MONTES  
CORONA CA 92879

2. Principal Office Address - No P.O. Box #

1302 MEMORIAL AVE

3. Mailing Office Address

807 VILLA MONTES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVON PARK FL

City & State

CORONA CA

Zip

33825

Country

US

Zip

92879

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

10/01/1987

5. FEI Number

59-2855674

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

1302 MEMORIAL AVE

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

GHAZI M. HABBAS

Suite, Apt. #, Etc.

City

AVON PARK

State

FL

Zip Code

33825

**REINSTATEMENT 11-12**

2011 fee received w/out  
filing form. Form returned  
to corp. was not received  
Rei fee waived  
3/14/12 AD

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

*Ghazi M. Habbas*  
REGISTERED AGENT MUST SIGN

Date 3-2-12

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	GHAZI M. HABBAS	807 VILLA MONTES	CORONA CA 92879
ST	SAMIA HABBAS	807 VILLA MONTES	CORONA CA 92879

10. E-mail Address: JFTAX@AOL.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.817.155, F.S.

SIGNATURE: *Ghazi M. Habbas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-12

Date

MAR 14 2012

Daytime Phone #

192052

March 2, 2012

Division Of Corporations  
P.O. Box 6327  
Tallahassee, Fl 32314  
Attn: Andy Dunlap

Dear Andy,

Per our conversation on March 2, 2012 could you please reinstate Basha, Inc. due to the change in address. Thank you very much for all your help. Also enclosed is the payment for 2012. P.S. here is my telephone number (951) 739-0182.

Sincerely,



Ghazi M. Habbas