
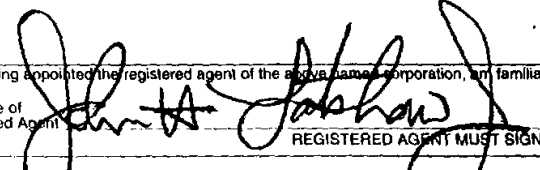
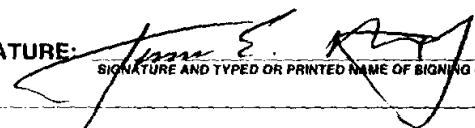


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J92486			
1. Corporation Name BASS MARINE TAXI, INC.			
Principal Place of Business 2800 University Blvd., Suite 375 Jacksonville, FL 32216		Mailing Address 	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	
4. Date Incorporated or Qualified To Do Business in Florida 9/14/87		5. FEI Number 59-2842220	
6. <input type="checkbox"/> CERTIFICATE OF STATUS DESIRED		\$6.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1. D	James E. Bass, Jr.	6737 Powers Ave.	Jacksonville, FL
D	Rebecca L. Bass	6737 Powers Ave.	Jacksonville, FL
			000003007480--1 -10/06/93--01062--018 ****900.00 ****900.00
REINSTATEMENT 9/27/99 11TS			
8. Name and Address of Current Registered Agent David B. Lee, Jr. 1409 Kingsley Avenue Orange Park, FL 32073		9. Name and Address of New Registered Agent Name John H. Latshaw, Jr., Esquire Street Address (P.O. Box Number is Not Acceptable) 3010 South Third Street Suite, Apt. #, Etc. City Jacksonville Beach State FL Zip Code 32250	
Signature of Registered Agent 		Date 9/27/99	
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.		REGISTERED AGENT MUST SIGN	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.		Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)	
12. 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: 		Date 9-27-99 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		9/27/99	

FILED

99 SEP 30 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2EDM0 (1/98)