

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

1. DOCUMENT # L01000014637

Name and Mailing Address

0008017 01 AT 0.292 **AUTO TO 0 0615 33301-158299



THE BASE GROUP, LLC
2400 E. LAS OLAS BOULEVARD
PMB 351
FT. LAUDERDALE FL 33301-1582



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/28/2001	
Principal Place of Business 364 NE 7TH AVE. FT. LAUDERDALE FL 33301	3. New Principal Place of Business Address	6. FEI Number 65-1137988	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TAYLOR, DANIEL E ESQ. 110 SE 6TH STREET 15TH FLOOR FT. LAUDERDALE FL 33301		Name Street Address (P.O. Box Number is Not Acceptable) 200025907412 12/31/03--01071--015 **\$150.00 City FL Zip Code	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>[Signature]</i> SIGNATURE REQUIRED Date 12/29/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	BENSON, TOM MR.	2400 E. LAS OLAS BLVD., #351	FT. LAUDERDALE FL 33301
REINSTATEMENT 03 dec			
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <i>[Signature]</i> SIGNATURE REQUIRED Date 12/23/03 Daytime Phone # 954-383-6921			
Typed or printed name of signing Managing Member/Manager Tom Benson			

CR2E034 (7/03)