

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # L32471

Corporation Name

BASELAND VILLAGE, INC.

98 JUL -9 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

27806 SW 127 Ave
Miami, Florida 33032

27806 SW 127 Ave
Miami, Florida 33032

REINSTATEMENT 90-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0164235

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPS	PETRO, John	27806 SW 127 Avenue	Miami, Florida 33032
			200002587492--4
			07/14/98 01008--007
			***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

Nancy Rubin, Esq.
2345 SW 28th Street
Miami, Florida 33133

9. Name and Address of New Registered Agent

Name Esquire Corporate Services, Inc.

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

782 NW Le Jeune Road

Suite, Apt. #, Etc.

548

City

Miami

State / Zip Code

FL 33126

I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date 7/7/98

REGISTERED AGENT MUST SIGN

11 If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ See other side for additional information

12 Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer, 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. 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

7/7/98

Date

(305) 245-5533

Secretary's Phone #