

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 26 PM 5:23

DOCUMENT # L63982

1. Corporation Name

BASSWOOD CAPITAL RESEARCH INC

2. Principal Office Address

601 Palm Trail

3. Mailing Office Address

Suite, Apt. #, etc.

Delray Beach

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33403

Country

USA

Zip

Country

REINSTATEMENT 97-01

4. Date Incorporated or Qualified
To Do Business in Florida

April 10 1990

5. FEI Number

65-0189363

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

Perry & Kern

Attn Mr. Keith Kern

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

50 SE 4th Ave

Suite, Apt. #, Etc.

800004212318-4

-05/11/01 -01098-027

***1358.75 ***1358.75

City

DELRAY BEACH

State

FL

Zip Code

33483

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

Keith Kern

REGISTERED AGENT MUST SIGN

Date 4/23/01

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
C	Walter Linde	601 Palm Tr	Delray Beach FL 33483
P/D	Ruth Hayhoe	10 Lo Ring Road	Tai Po N.T. HONG KONG

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:

Walter Linde C Walter Linde

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 23 2001

Date

Daytime Phone #

561 265 0886