PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 NOV -5 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M71055**

1. Corporation Name

A BASKET AFFAIR, INC. OF FORT LAUDERDALE

Principal Place of Business	Mailing Address
105 AVENUE OF THE ARTS FT. LAUDERDALE FL 33312	105 AVENUE OF THE ARTS FT. LAUDERDALE FL 33312

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/1988

5. FEI Number: 65-0034436 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	JOHNSON, DAVID ERIC	~~1027 S.W. 4TH STREET~~ 725 SW 2nd Court	FT. LAUDERDALE FL 33312
			600004706506--9 -12/05/01--01067--013 ****158.75 ****158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
AUERBACHER, STEVEN M 150 EAST PALMETTO PARK ROAD SUITE 410 BOCA RATON FL 33432	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/01)

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.

Signature of Registered Agent: Steven M. Auerbacher — REGISTERED AGENT MUST SIGN — Date: 10/30/01

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., 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: _____ 10/30/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Basket Affairs, Inc.
105 Avenue of The Arts
Ft. Lauderdale, Fl. 33312
Phone (954)522-6997
Fax (954)522-0122

October 30, 2001
Dept of State
Division of Corporations
P. O. Box 6327
Tallahasee, Fl. 32314
Attn: Reinstatement Section
Kathleen Harris

Re: Document #M71055
FID # 65-0034436

Dear Ms Harris,

Please find enclosed Application for reinstatement along with our check for the annual amount of $158.75, which includes Certificate of Status.

I would have responded to your notification earlier, however I was on vacation from Oct. 4 through the 18th and then was severely sick. This is my first day back at the office

Please be advised that we never received notification of our Annual report for the year 2001. As you can see from our previous years records that we always pay this fee on or before the due date.

If you need to discuss this matter please call me at 954-522-6997.

Sincerely yours,

Chris Pollock
Accounting