

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

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
PP	JOHNSON, DAVID ERIC	1027 S.W. 4TH STREET 725 SW 2nd Court	FT. LAUDERDALE FL 33312

600004786586 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

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

Date 10/30/01

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/30/01 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
Tallahassee, Fl. 32314
Attn: Reinstatement Section
Kathleen Harris

Re: Document #M71055
FID # 65-0034436

Dear Ms Harris,

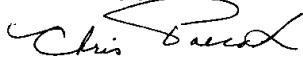
Please find enclosed Application for reinstatement along with our check for the annual amount of \$158.75, which includes Certificate of Status.

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