
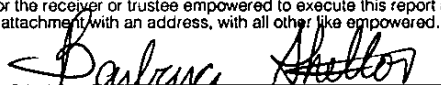


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N02000007956</b> 1. Entity Name <b>B.A.S.S. DYNASTY, INC.</b>					
Principal Place of Business 3750 N.W. 161ST STREET OPA-LOCKA, FL 33054			Mailing Address 3750 N.W. 161ST STREET OPA-LOCKA, FL 33054		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03232006 REIN-NP CR2E099 (11/05)	
4. FEI Number <b>14-1852301</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHELTON, BARBARA</b> <b>3750 N.W. 161ST STREET</b> <b>OPA-LOCKA, FL 33054</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHELTON, BARBARA 3750 N.W. 161ST STREET OPA-LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIELS, SONJA 3750 N.W. 161ST STREET OPA-LOCKA, FL 33054	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> <b>700069542457</b>  <b>04/05/06--01037--022 **122.50</b> </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDAFFIE, STACEY 1146 N.E. 209TH TERRACE MIAMI, FL 33179	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 2em; transform: rotate(-10deg); opacity: 0.5;">B 3/30/06</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 1.5em; transform: rotate(-10deg); opacity: 0.5;">REINSTATEMENT 03-04</div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: <b>3/23/06</b> Daytime Phone #: <b>(305) 970-3664</b>		