

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 17 PM 4:00

DOCUMENT # P00000108062

1. Corporation Name

BASHA'S INC.

Principal Place of Business

Mailing Address

6640 TIBURON CIRCLE  
BOCA RATON FL 33433

6640 TIBURON CIRCLE  
BOCA RATON FL 33433



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

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1061 998

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED: ☒ Yes ☐ No

\$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	WERTHEIM, BRENDA T	6640 TIBURON CIRCLE	BOCA RATON FL 33433

700004758497--7  
-01/08/02--01027--004  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WERTHEIM, BRENDA T  
6640 TIBURON CIRCLE  
BOCA RATON FL 33433

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

10/16/01

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

Daytime Phone #

zalz

Date: October 16, 2001

To: Department Of State  
Division Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

CERTIFIED MAIL  
RETURN RECEIPT

From: Basha's Inc.  
6640 Tiburon Circle  
Boca Raton, FL 33433

Re: Annual Report / Corporation Reinstatement  
Document # P00000108062

To Whom It May Concern:

Further to your letter (copy attached) and application for reinstatement (copy attached), please be advised that I incorporated as a Florida corporation as of November 20, 2000.

Your notice that my corporation has been administratively dissolved as of September 21, 2001 for failure to file my 2001 corporation annual report was the first time that I was made aware of this requirement. Since I never received this report and this is the first time that I have incorporated as a business I was not aware of this filing and payment.

I therefore ask that the fees for reinstatement be waived (\$ 750.00) and to forward my original application for 2001 corporate annual report with the applicable fees due the State Of Florida to my attention.

Upon receipt, I will complete the report and enclose applicable fee for mailing at once.

Thank you in advance in resolving this matter

Sincerely,



Brenda T. Wertheim  
President  
Basha's Inc  
Tel#: (561) 866-5715

Encl: (2)

CC: File