

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032484

1. Corporation Name

Basement 305, INC.

2. Principal Office Address

9370 SW 72 St

Suite, Apt. #, etc.

A 142

City & State

MIAMI FL

Zip

33173

Country

USA

3. Mailing Office Address

9370 SW 72 St.

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33173

Country

USA

300008997883
11/14/02--01037--005 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

MANUEL POZAS

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

~~13924 SW 8th~~ 9370 SW 72 St

Suite, Apt. #, Etc.

A 142

City

MIAMI

State

FL

Zip Code

33173

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

[Signature]

REGISTERED AGENT MUST SIGN

Date NOV/12/02

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.E.O | MANUEL POZAS | 13924 SW 8th | MIAMI, FL 33184 |
| PRESIDENT | DENZYL POMEZ | 10114 NW 46th | MIAMI, FL 33172 |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

Date

NOV/12/02 305-412-1235

Daytime Phone #

CR2E081 (9/01)

October 23, 2002

Florida Department of State
Divisions of Corporations Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

PO1000032484

On Tuesday, October 22, we received notice from your department indicating that our company was being dissolved due to our failure to reinstate the corporation name, Basement 305, Inc. (65-1091104). This has been the first notice we have received regarding this matter, as we had no prior knowledge that this license was due for renewal.

Enclosed please find the US\$150.00 fee to prevent Basement 305, Inc. from being dissolved. Please contact us as soon as possible if there are any pending questions or concerns.

Thank you in advance,

Manuel Pozas

Basement 305, Inc.
9370 S.W. 72 Street
Miami, FL 33175
Tel: (305) 412-1235