

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000107563

1. Corporation Name

P.J. BASSO CONSTRUCTION, INC.

Principal Place of Business

8400 S.W. 28TH STREET
MIAMI FL 33155

Mailing Address

8400 S.W. 28TH STREET
MIAMI FL 33155

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

2. New Principal Office Address, If Applicable

8220 S.W. 138 AVE.

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FLORIDA

Zip

33183

Country

U.S.A.

3. New Mailing Office Address, If Applicable

8220 SW 138 AVE.

Suite, Apt. #, etc.

N/A

City & State

MIAMI, FL.

Zip

33183

Country

U.S.A.

FILED
03 OCT 31 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

11/07/2001

5. FEI Number

65-1152128

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	BASSO, PETER J	8400 S.W. 28TH STREET	MIAMI FL 33155

400024577664
11/12/03 01002 017 **750.00

8. Name and Address of Current Registered Agent

BASSO, PETER J
8400 S.W. 28TH STREET
MIAMI FL 33155

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Peter J. Basso
REGISTERED AGENT MUST SIGN

Date 10/28/03

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

Peter J. Basso

Date

Daytime Phone #

10/28/03 (305) 962-4182

CR2E040 (7/03)