

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000012864

1. Corporation Name

Bassett Construction Services, Inc.

2. Principal Office Address

27020 Coral Vine Lane

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

USA

3. Mailing Office Address

27020 Coral Vine Lane

Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

Zip

33544

Country

USA

REINSTATEMENT 03-07

600029410076

02/25/04--01070--022 **900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/4/02

5. FEI Number

030386311

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

Sharon Lewis

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

27020 Coral Vine Lane

Suite, Apt. #, Etc.

City

Wesley Chapel

State

FL

Zip Code

33544

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

Sharon Lewis

Date

2-18-04

REGISTERED AGENT MUST SIGN

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
P/D	Sharon Lewis	27020 Coral Vine Lane	Wesley Chapel, FL 33544
ST/D	Michael Lewis	27020 Coral Vine Lane	Wesley Chapel, FL 33544

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)(l), 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:

Sharon Lewis Sharon Lewis

Date

2-18-04

Daytime Phone #

813-991-5357

CR2E081 (10/02)