

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000039581**

1. Corporation Name

**ACTIVEBASE INC**

2. Principal Office Address

**4520 70<sup>th</sup> ST. W**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL**

Zip

**34210**

Country

**USA**

3. Mailing Office Address

**4520, 70<sup>th</sup> ST. W**

Suite, Apt. #, etc.

City & State

**BRADENTON, FL**

Zip

**34210**

Country

**USA**

FILED  
06 JAN -4 PM 12:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT **03-05**

CR2E081 (8/05) 03018 JAN 11 2005

4. Date Incorporated or Qualified  
To Do Business in Florida

**04-05-2002**

5. FEI Number **01-0650495**

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

**ARUNA JASMINE**

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

**5830, MEMORIAL HWY**

Suite (Apt. #) Etc.

**1011**

City

**TAMPA**

State

**FL**

Zip Code

**33615**

**900062658149**  
**01/04/06--01051--006 \*\*450.00**

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

**Aruna Jasmine**

Date **12.30.2005**

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
D	ARUNA JASMINE	5830, MEMORIAL HWY APT 1011	TAMPA, FL, 33615
M	JOHN RAVI KUMAR	5830, MEMORIAL HWY APT 1011	TAMPA, FL - 33615

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:

**Aruna Jasmine**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12.30.2005 813-245-1170**

Date

Daytime Phone #

PS 282

**TO WHOMSOEVER IT MAY CONCERN**

**I , Aruna Jasmine Director of ActiveBase inc moved from Bradenton,FL to Tampa, FL . I did not receive annual report form for the year 2003. So , I request you to waive the penalty fee \$600.00.Also I enclosed the check for \$450.00 to reinstate my company ActiveBase Inc and to send me the annual reports to the following present address 5830, Memorial Hwy, Apt # 1011,Tampa,FL-33615.**

**Thanking You,**  
*Aruna Jasmine*  
**Aruna Jasmine** 12/30/2005