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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUN 16 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105923

1. Corporation Name

BASTA IMPORT AND EXPORT INC.

3518 RUSKIN AVE
3518 RUSKIN AVE

2. Principal Office Address

3518 RUSKIN AVE

3. Mailing Office Address

3518 RUSKIN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYTON BEACH, FLORIDA

City & State

BOYTON BEACH, FLORIDA

Zip

33436

Country

USA

Zip

33436

Country

USA

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

10/01/2002

5. FEI Number
50-0006758

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

AKRAM BASTA

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

3518 RUSKIN AVE

Suite, Apt. #, Etc.

City

BOYTON BEACH

State

FL

Zip Code

33436

600037993626
05/16/04--01006--006 **30.00

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

A. Akram Basta

Date 05/24/2004

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
PD	AKRAM BASTA	3518 RUSKIN AVE	BOYTON BEACH, FL 33436

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:

A. Akram Basta

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/24/2004

Date

305-423-7041

Daytime Phone #

CR2E081 (01/04)

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Miami, May 24th, 2004

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: BASTA IMPORT AND EXPORT INC
Doc Number P02000105923

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 and 2004 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$300.00 to cover the following fees:

2003 Uniform Business Report
2004 Uniform Business Report

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Akram Basta
President
3518 Ruskin Ave
Boyton Beach, FL 33436