


# 2004 FOR PROFIT CORPORATION REINSTATEMENT *AR*

DOCUMENT # P03000015445		
1. Entity Name BASS & TAYLOR PROPERTIES, INC.		

**FILED**  
04 OCT 18 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 35 NW 5TH STREET HOMESTEAD, FL 33030	Mailing Address 35 NW 5TH STREET HOMESTEAD, FL 33030
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2. Principal Place of Business 38 NW 5th Street Suite, Apt. #, etc.	3. Mailing Address 38 NW 5th Street Suite, Apt. #, etc.
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10132004 REIN-P CR2E098 (6/04) *TR*

City & State Homestead, FL	City & State Homestead, FL	4. FEI Number 13-4239081	Applied For Not Applicable
Zip 33030	Country USA	Zip 33030	Country USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUEST, JAMES M 15600 SW 288TH STREET #201 HOMESTEAD, FL 33033		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15600 SW 288th Street # 401 City FL Zip Code	
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FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE 10/14/2004  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BASS, JASON 28525 SW 202ND AVENUE HOMESTEAD, FL 33030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041937500 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/18/04--01059--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TAYLOR, JOHN 31400 SW 208TH COURT HOMESTEAD, FL 33033 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 10/13/04 (305) 345-4082  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR