

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000015445 1. Entity Name BASS & TAYLOR PROPERTIES, INC.				 SECRETARY OF STATE TALLAHASSEE, FLORIDA		FILED 05 NOV 28 AM 10:10 REINSTATEMENT T. Roberts NOV 29 2005	
Principal Place of Business 38 NW 5TH STREET HOMESTEAD, FL 33030		Mailing Address 38 NW 5TH STREET HOMESTEAD, FL 33030		 11162005 REIN-P CR2E098 (6/04)			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 13-4239081				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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 James M Guest Street Address (P.O. Box Number is Not Acceptable) 15600 SW 288 Street, # 401 City Homestead FL Zip Code 33033				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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE Nov. 22, 2005			
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE VTD <input type="checkbox"/> Delete NAME BASS, JASON STREET ADDRESS 28525 SW 202ND AVENUE CITY-ST-ZIP HOMESTEAD, FL 33030				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME PSD Taylor, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 1717 N. Egret Rd. CITY-ST-ZIP Homestead, FL 33035			
TITLE <input type="checkbox"/> Delete NAME PSD TAYLOR, JOHN <input type="checkbox"/> Delete STREET ADDRESS 31400 SW 208TH COURT CITY-ST-ZIP HOMESTEAD, FL 33033				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 900061731419 STREET ADDRESS 11/28/05--01059--018 **150.00 CITY-ST-ZIP			
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 11/17/05 (305) 345-4082 <small>Daytime Phone #</small>			