

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 12 AM 7:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p03000025434

1. Corporation Name

Bass Bros. Drywall, Inc.

000162766510
11/12/09--01039--013 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
530 SE 129th Terrace

3. Mailing Office Address
P. O. Box 1141

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Silver Springs, FL

City & State

Silver Springs, FL

Zip

34488

Country

Marion

Zip

34489

Country

Marion

4. Date Incorporated or Qualified
To Do Business in Florida 03032003

5. FEI Number
481306941

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7. Name and Address of Current Registered Agent

Name
Mark S. Bass, Sr.

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

530 SE 129th Terrace

Suite, Apt. #, Etc.

City
Silver Springs

State
FL

Zip Code
34488

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

Date 11/10/09

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
pr	Mark S. Bass, Sr	530 SE 129th Terrace	Silver Springs, FL. 34488
vp	Margo L. Bass	530 SE 129th Terrace	Silver Springs, FL. 34488
dr	Mark Bass, Jr.	6925 NE 5th Place	Silver Springs, FL. 34470
			X 11/16

10. E-mail Address: bassmanandlady@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Mark S. Bass, Sr.

11/10/09

352-572-1246

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #