


2006 FOR-PROFIT CORPORATION REINSTATEMENT

FILED 182

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT-06

DOCUMENT # P03000128992		
1. Entity Name HAL MICHAEL BASS M.D., P.A.		

Principal Place of Business 5601 N. DIXIE HWY. STE. 415 FORT LAUDERDALE, FL 33334	Mailing Address 5601 N. DIXIE HWY. STE. 415 FORT LAUDERDALE, FL 33334
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05/09/06 90069 043 \$150.00
12182006 REIN-P CR2E098 (11/05)

4. FEI Number 20-0385684	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 BASS, HAL MICHAEL 5601 NO. DIXIE HWY., STE. 415 FORT LAUDERDALE, FL 33334		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, 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 NAME STREET ADDRESS CITY - ST - ZIP	DPS BASS, HAL MICHAEL 5601 N. DIXIE HWY., STE. 415 FORT LAUDERDALE, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  12/16/06 954-267-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone



Bass Center for Aesthetic Surgery
Cosmetic Plastic Surgery

HAL MICHAEL BASS, M.D., P.A.

Diplomate, American Board of Plastic Surgery
Fellow, American College of Surgeons

December 19, 2006

Florida Department of State
Division of Corporation - Reinstatement Section
2661 Executive Center Circle
Clifton Building
Tallahassee, FL 32301

RE: HAL MICHAEL BASS, MD PA (#P03000128992)

To Whom It May Concern:

In response to your notice of dissolution or revocation, we have enclosed application for document #P03000128992 for immediate reinstatement.

Please be advised that we did not receive your notice or request for additional information, and since we timely filed and paid on our renewal application we were not aware of our non-compliance. Since our intention to comply is evident by our timely renewal and payment (check #3237), we humbly request that our application for reinstatement be accepted without penalty.

We look forward to a speedy resolution of this matter.

Sincerely,



Member
AMERICAN SOCIETY OF
PLASTIC SURGEONS

5601 N. Dixie Highway • Suite 415 • Fort Lauderdale, FL 33334
(954) 267-9030 • Fax (954) 267-9952