## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000138853

BASS, THOMAS

7850 S.E. 22ND AVENUE

OCALA, FL 34480 US

Name:

Address:

City-St-Zip:

.....

FILED Oct 20, 2004 Secretary of State

Entity Name: BASS FLOORING SERVICES, INC. **Current Principal Place of Business: New Principal Place of Business:** 7850 S.E. 22ND AVENUE OCALA, FL 34480 **Current Mailing Address: New Mailing Address:** 7850 S.E. 22ND AVENUE OCALA, FL 34480 FEI Number: 52-2402773 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BASS, THOMAS 7850 S.E. 22ND AVENUE OCALA, FL FL 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition BASS, THOMAS Name: Name: 7850 S.E. 22ND AVENUE Address: Address: City-St-Zip: OCALA, FL 34480 US City-St-Zip: Title: Title: () Delete () Change () Addition Name: BASS, THOMAS Name: 7850 S.E. 22ND AVENUE Address: Address: OCALA, FL 34480 US City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition BASS, THOMAS Name: Name: 7850 S.E. 22ND AVENUE Address: Address: City-St-Zip: OCALA, FL 34480 US City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS BASS P 10/20/2004