PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary	TMENT OF STATE y of State orporations		FILED. 07 AUG 21 PM 2: 41
DOCUMENT # P040000 90347 1. Corporation Name Bass Painting & Wallcovering, Inc.				SECRETARY OF STATE TALLAHASSEE, FLORIDA
		Office Address N.W. 18 St		CR2E081 (1/07)
suite, Apt. #, etc. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida COLO 2604		
Pompano Beach City & State Pompano Beach		Barch	5. FEI Numbe	,
33069 Broward	33069	Broward	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
Name Name			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 138731408-016 **450.00	
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 REGISTERED AGENT MUST SIGN Date				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each				
Officers and/or Directors	IAN	Officer and/or Director		City / State / Zip
P,D Jim Bass VP,D Patricia Bass		1905 N.W. 1861.		Pompano Beach, FI 33069 Pompano Beach, FI 33069
REINSTATEMENT 05-07				
10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR PIRECTOR Date Dayline Phone #				