## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DOCUMENT # PO4000	Secretary of State Secretary of State Division of corporations  163813  TERNATIONAL JAC	FILED  08 MAY 13 PM 1:17  SEGNAL ALL STATE TALLAHASSEE, FLORIDA
6/00 SW 58th Place Suite, Apt. #, etc.	3. Mailing Office Address 6100 SW 5844 Place Suite, Apt. #, etc.  City & State AVIE, FL Zip Country BROWARD	6. CERTIFICATE OF STATUS DESIRED   S05/13/08 - 01005 - 020   **450.00   **450
7. Name and Address of Current Registered Agent  Name  PAVID HARRISON  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City PAVIE  State 33314		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.
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 x  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
P AINSWORTH O FE	RGUSON 6100 SW 5874	Place Davie, FL 33314
VP GIANA B HARRIS	ON 6100 SW 58tn.	Place Davie , FZ 33314
RH REINSTATEMENT		
KEINSTALEWENT		
	, , ,	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Deviane Phone #		

I David Harrison registered agent for BASH International INC declare that I never received the notice for renewal for BASH International INC.