

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 OCT 28 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 992000003152

1. Corporation Name

BASHERT ENTERPRISES, INC

Principal Place of Business

Mailing Address

5600 COLLINS AVENUE 12F.  
KAREN BOOKBINDER  
MIAMI, BEACH FLORIDA 33140

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0370068

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRES</u>	<u>KAREN BOOKBINDER</u>	<u>5600 COLLINS AVE</u>	<u>MIAMI, FLORIDA 33140</u>
<u>SEC.</u>	<u>SARMATIA GOUSS</u>	<u>5600 COLLINS AVE</u>	<u>MIAMI-FLORIDA 33140</u>
<u>VP.</u>	<u>EVA DEUTSCH</u>	<u>4000 COLLINS AVE</u>	<u>MIAMI FLORIDA 33140</u>

8. Name and Address of Current Registered Agent

KAREN BOOKBINDER  
5600 COLLINS AVE  
12F  
MIAMI, FL. 33140

Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

000 28/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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: KAREN BOOKBINDER  
[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000 28/98 305 866444

CR2040 (1/98)