

APPLICATION
96 FOR 97
REINSTATEMENT



DIVISION OF CORPORATIONS

DOCUMENT # P94000064163

NAR-BASE, INC

Principal Place of Business

Mailing Address

Mailing Address
c/o HARVEY BASEMAN & Co
CPA
60104 Del Aire Highway Rd
Phila Pa 19114

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

% HARVEY BASEMAN & Co
Suite, Apt. #, etc
60104 Delaire Landing
City & State Philadelphia PA
Zip 19114 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

8-30.94

5. FEI Number

65-0519 109

[illegible]

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 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)

Title(s)		Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4	5
V.P. Treas.		HAROLD BASEMAN	991 West 15th Street	Riviera Beach Florida 33404
Pres		BENJAMIN NARDUCCI	3806 Bensalem Blvd #235	Bensalem Pa 19020
V.P.		ALAN BASEMAN	111 Harrison Forge Ct.	Chalfont Pa 18984

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Harold BASEMAN
973 West 15th Street
Riviera Beach Florida 33404

Nanjo

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

Suite, Apt. #, Etc.

City

State
FL

} Zip Code

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

REGISTERED AGENT MUST SIGN

Date . 10/27/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD BASEMAN

10199
Date

561-844-3
Daytime Phone #