

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

18192

FILED

00 OCT 16 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000019134

1. Corporation Name

COMMERCIAL BOBCAT SERVICE, INC.

Principal Place of Business

Mailing Address

12201 N.W. 35TH STREET
#304
CORAL SPRINGS FL 33065

2902 NW 118 DR
CORAL SPRINGS FL 33065

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0655130

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BASSO, RALPH	2902 NW 118TH DRIVE	CORAL SPRINGS FL 33065
T	BASSO, CHRISTOPHER	11134 ROYAL PALM BLVD	CORAL SPRINGS FL 33065

800003441618--2
-10/27/00--01014--020
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BASSO, LLOYD
5900 N. ANDREWS AVE
SUITE 920
FORT LAUDERDALE FL 33309

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 10-13-00

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-13-00 954 752 7136

CR2E040 (8/00)

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CON-CORE DRILLING SERVICES, INC.
COMMERCIAL BOBCAT SERVICE, INC.

October 13, 2000

Florida Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

To Whom It May Concern:

Recently we have been in touch with you office regarding our late payment of the annual corporation fee. I was directed by your office to write this letter and enclose the \$150.00 fee for each corporation. The corporations being Commercial Bobcat Service, Inc. and Con-Core Drilling Services, Inc.

We were under the impression that this fee was paid as it was in with the papers given to our account to complete our tax forms. When we received the notice from your office we became aware of the error. As Director of the corporations I would like to extend my apologies and thank you in advance for your accepting payment and allowing us to continue our corporation status.

Sincerely,

Ralph Basso

