

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000043270**

1. Corporation Name

BASKET DESIGNS, INC

99 AR

Principal Place of Business

Mailing Address

~~4230 NE 6 AVE~~
FT LAUDERDALE FL 33334

~~4230 NE 6 AVE~~
FT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable
4226 NE 6th AVE
Suite, Apt. #, etc.
FT. LAUDERDALE,
City & State
FL.

3. New Mailing Office Address, If Applicable
4226 NE 6th AVE
Suite, Apt. #, etc.
FT. LAUDERDALE,
City & State
FL.

Zip
33334

Country

Zip
33334

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1998

5. FEI Number

65-0854297

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KARLIC, MARY ANN	4230 NE 6 AVE 4226 NE 6 AVE	FT LAUDERDALE FL 33334
VD	MARTIN, STEVE	4230 NE 6 AVE 4226 NE 6 AVE	FT LAUDERDALE FL 33334

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRANZ-KARLIC, MARY ANN
~~4230 NE 6 AVE~~ **4226 NE 6th AVE.**
FT LAUDERDALE FL 33334

Name

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

Mary Ann Franz-Karlic
REGISTERED AGENT MUST SIGN

Date

11-9-99

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:

Mary Ann Franz-Karlic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-9-99

Daytime Phone #

05/03/99 90048 954-537-7788
003 15000



4226 NE 6th Avenue
Fort Lauderdale, FL 33334
Ph. (954) 537-7788

11-9-99

To whom it may concern,

2

I'm returning application with corrections made and Fed. IO#. I never received the rejection letter. I mailed the filing fee in on 4-28-99. #1033. Would you please waive the reinstatement fees.

Thanks you.

Mary Ann Franz-Karles