

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smilh
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **098000095341**

1. Corporation Name

LE BASQUE PRODUCTIONS

2. Principal Office Address

4652 S.W. 74 AVE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33155

Country

USA

3. Mailing Office Address

4652 S.W. 74 Ave

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

Zip

33155

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

OCT - 6 - 1998

5. FEI Number

65. 0873119

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

ALEJANDRO MUGUERTA

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

4004 SAN AMARO DRIVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33146

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

Alejandro Muguerza

REGISTERED AGENT MUST SIGN

Date **Dec 4 2002**

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
PRES	ALEJANDRO MUGUERTA	4004 SAN AMARO DR	CORAL GABLES 33146 FL.
Vpres	JAN MICHAEL PERRIS	4004 SAN AMARO DR	CORAL GABLES 33146 FL.
		100009383641	100.00
		100009383641	100.00
		100009383641	100.00
		12/06/02--01008--002 **1200.00	

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 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:

Alejandro Muguerza **ALEJANDRO MUGUERTA (PRES.)** **Dec 4 2002** **305 6691070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/10