

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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CORPORATION
REINSTATEMENT



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

FILED

01 MAR -9 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000001995

1. Corporation Name

BASE ENTERPRISES, INC.

2. Principal Office Address

182 GALLEON LANE

Suite, Apt. #, etc.

3. Mailing Office Address

182 GALLEON LANE

Suite, Apt. #, etc.

City & State

CUDJOE KEY, FL

City & State

CUDJOE KEY, FL

Zip

33042-4228

Country

USA

Zip

33042-4228

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/7/99

5. FEI Number

65-0898139

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELLEN B. ANDERSON

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

182 GALLEON LANE

Suite, Apt. #, Etc.

City

CUDJOE KEY

State
FL

Zip Code

33042

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

Ellen B. Anderson

REGISTERED AGENT MUST SIGN

Date 3/6/01

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
P	SCOTT W. ANDERSON	182 GALLEON LANE	CUDJOE KEY, FL 33042
V/T/S	ELLEN B. ANDERSON	182 GALLEON LANE	CUDJOE KEY, FL 33042

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:

Scott W. Anderson, SCOTT W. ANDERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 (305) 744-9966
Date Daytime Phone #

CR2E081 (9/00)

March 6, 2001

Florida Department of State
Division of Corporations
Corporate Records
P.O. Box 6327
Tallahassee, FL 32314

Dear Florida State Department,

I would like to reinstate my business, Base Enterprises, Inc. I did not receive the forms in the year 2000. When speaking to Y. Fisher in your office on 2/27/01 he informed me to send \$300 and a letter explaining my circumstances from the past year.

In January, after my mother passed away, I was in PA caring for my sick father and preparing for him to come to Florida to live with me. The post office was holding my mail until my return in early March 2000.

I am requesting that the fees are waived due to the above circumstances. It would be a hardship, at this point, since I do not work outside of my home.

Please note, I have a new address for the business, as a result of moving to accommodate my father.

In addition, my previous name was "Ellen E. Bragg". Since my marriage, my new name is "Ellen B. Anderson".

Please send all future correspondence to:

Base Enterprises, Inc.
182 Galleon Lane
Cudjoe Key, FL 33042-4228
Ph: 305-744-9966

Thank you very much for your time and consideration in this matter.

Sincerely,

Ellen B. Anderson, VP

Ellen B. Anderson