

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10A2

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 28 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S37573

1. Corporation Name

BASSOMETTE INC.

2. Principal Office Address

3467 INVERRARY AVE

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

City & State

Zip

33319

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0249129

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CHRISTINE M. MANZE

600004719926-4

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

6163 AMBERWOODS DR.

12/12/01-01012-017

\*\*\*\*158.75 \*\*\*\* 58.75

Suite, Apt. #, Etc.

City

BOCA RATON

State  
FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 11-26-01

REGISTERED AGENT MUST SIGN

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.	MARCEL GUILLEMETTE	3467 INVERRARY AVE	LAUDERHILL, FL 33319

600004719926-4  
-12/12/01-01012-018  
\*\*\*\*150.00 \*\*\*\*150.00

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:

*[Signature]*

18 OCTOBER 2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20F2

MARCEL GUILLEMETTE  
3467 Inverrary Blvd., Lauderhill, Florida 33319

October 19, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

850-487-6059

RE: Bassomette Inc.

To whom it may concern,

Please find Reinstatement Application for Bassomette Inc. duly signed by myself as president.

This corporation was dissolved by non production of Annual Reports. I just was very sorry to discovered this. I check with my accountant and previous address were those report should have been sent and unfortunately nobody has received such reports. Probably the mail was not forward to me or went to the wrong address.

I am including a check of \$150.00 for reinstatement fees plus \$8.75 for a Certificate of Status as requested.

Thank you for your help in this matter.

MARCEL GUILLEMETTE,  
President of Bassomette Inc.

*M Guillemette*