PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
02 APR 18 PM 3:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V70474**

1. Corporation Name

A COUPLE OF BASKETCASES, INC.

Principal Place of Business	Mailing Address
~~2055~~ NE 151ST STREET 2035 MIAMI FL 33162	~~2055~~ NE 151ST STREET 2035 MIAMI FL 33162

REINSTATEMENT 01-07

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
2035 NE 151 ST	2035 NE 151 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami Beach	City & State: N.M.B
Zip: 33162 Country: USA	Zip: 33162 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/12/1992

5. FEI Number: 65-0370834 ☐ 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
D	COLE, CARON	~~2055 NE 1ST ST~~ 2035 NE 151 ST	~~MIAMI FL~~ NMB 33162
D	BOULAIS, DIANE	~~220 S.W. 31 RD~~ "	~~MIAMI FL 33129~~ NMB 33162
			700005449727--9 -05/03/02--01049--019 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

COLE, CARON
~~229 SW 30TH RD~~ 19491 NE 19 PL
MIAMI FL 33129 N.M.B. FL 33162

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: Caron Cole pres Date: 3/4/02
REGISTERED AGENT MUST SIGN

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: Caron Cole pres 3/4/02 305 945 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #