


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 18 PM 4:09

CORPORATION REINSTATEMENT



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

DOCUMENT # P96000012901

1. Corporation Name

BADEN, INC.

600011397776
01/30/03--01049--006 ***150.00

600011397776
01/30/03--01049--005 ***600.00

2. Principal Office Address		3. Mailing Office Address	
1070 E. Indiantown Rd.		same as # 2	
Suite, Apt. #, etc. Suite 312		Suite, Apt. #, etc.	
City & State Jupiter, Florida		City & State	
Zip 33477	Country USA	Zip	Country

REINSTATEMENT 02-03

4. Date Incorporated or Qualified To Do Business in Florida		02/09/1996
5. FEI Number	65-0749256	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent		
Name Cokette K. Meyer		
Street Address (P.O. Box Number is Not Acceptable) 1070 E. Indiantown Rd.		
Suite, Apt. #, Etc. Suite 312		
City Jupiter	State FL	Zip Code 33477

600011397776
02/19/03--01049--008 ***150.00

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: Cokette Meyer Date: 12/05/02

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
PS/D	Helga Unterloehner	1070 E. Indiantown Rd. Suite 312	Jupiter, FL 33477

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: Helga Unterloehner Date: 12/05/02 Daytime Phone #: 561/748-7720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Helga Unterloehner, Director

CR2E081 (9/01)

2/18/03 ad