

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

AND FILED

96 OCT -2 AM 11:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **178362**

1. Corporation Name

**JIM BAKER CORPORATION**

Principal Place of Business

**JAMES D BAKER JR**  
~~1919 ATLANTIC BLVD.~~  
**JACKSONVILLE FL 32207**

Mailing Address

**JAMES D BAKER JR**  
**P O BOX 5812**  
**JACKSONVILLE FL 32207**



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

4. Date Incorporated or Qualified To Do Business in Florida

**04/21/1954**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**59-0716935**

Applied For

Not Applicable

City & State

City & State

Zip Country

**32207**

Zip Country

**32247**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BAKER JR, JAMES D	3571 HEDRICK ST.	JACKSONVILLE FL 32205
SD	BAKER, EVELYN A	3571 HEDRICK ST	JACKSONVILLE, FL 00000 32205
VD	FOSHEE, SARA P.	1335 PINETREE RD	JACKSONVILLE, FL 00000
			000001976680--7
			-10/16/96--01047--004
			****200.00 ****200.00

*BA 10/15*

8. Name and Address of Current Registered Agent

**BAKER JR, JAMES D**  
**1919 ATLANTIC BLVD.**  
**JACKSONVILLE FL 32207**

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent

*James D. Baker*  
REGISTERED AGENT MUST SIGN

*September 25, 1996*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Evelyn A Baker*  
**Evelyn A. BAKER J & D**

*9/29/96*  
Date

Daytime Phone #



**JIM BAKER CORPORATION, REALTORS®**  
 1919 Atlantic Boulevard • Jacksonville, Florida 32207  
 Phone: (904) 396-4033

Florida Dept. of State  
 Division of Corporations  
 P.O. Box 6327  
 Tallahassee, FL 32314

Re: Reinstatement

This is to notify you that I did  
 not receive the first or the second  
 notice of the fee being due.

I have changed the zip codes and  
 trust that we will not have a problem  
 in the future.

We thank you for agreeing to waive the  
 reinstatement fee.

Sincerely,  
  
 Jim S. Baker /  
 Pres.