


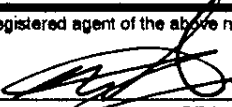

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CLATASSEE, FL 34104

CR2E081 (11/10)

CORPORATION FEINSTATEMENT 2015-2016		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 404069			
1. Corporation Name  <b>BAKER'S CUSTOM CABINETS AND MILLWORK, INC.</b>			
2. Principal Office Address - No P.O. Box # <b>168 COMMERCIAL BLVD</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>168 COMMERCIAL BLVD</b> Suite, Apt. #, etc.	
City / State <b>NAPLES, FL</b> Zip Country <b>34104 USA</b>		City / State <b>NAPLES, FL</b> Zip Country <b>34104 USA</b>	
4. Date Incorporated or Qualified To Do Business in Florida 06/29/1972		5. FEI Number <b>59-1407697</b> Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED		58.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name <b>Baker, Eric</b> Street Address (P.O. Box Number is Not Acceptable) <b>168 Commercial Blvd</b> Suite, Apt. #, Etc. City State Zip Code <b>Naples FL 34104</b>			
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  <b>ERIC BAKER Pres.</b> Date <b>12-30-2015</b> REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PR	Eric Baker	168 Commercial Blvd	Naples, FL 34104
10. E-mail Address: <b>eb21847@aol.com</b> (To be used for future annual report notification)			
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 re statement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. SIGNATURE:  <b>ERIC BAKER Pres.</b> Date <b>01-24-2016</b> Daytime Phone # <b>239-825-1447</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			