

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

99-7-31182

DOCUMENT # 4241832

1. Corporation Name  
**Jeanne Baker, Inc.**

Principal Place of Business Mailing Address  
**3166 Commodore Plaza  
 Coconut Grove, FL 33133**

**REINSTATEMENT 9799**

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**59-1537681**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.D.	Jeanne M. Baker	3166 Commodore Plaza	Coconut Grove, FL 33133
S	Lee Popham	3166 Commodore Plaza	Coconut Grove, FL 33133
V.P.	David Popham	3166 Commodore Plaza	Coconut Grove, FL 33133

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 \*\*\*1050.00 \*\*\*1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**Kenneth G. Lancaster**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5975 Sunset Dr.**  
 Suite, Apt. #, Etc.  
**Suite 301**  
 City  
**S. Miami,**

State Zip Code  
**FL 33143**

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 REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 607.0501 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individual's listed on this form do not qualify for an exemption under section 119.07(3)(b), 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

3/31/99 (305) 443-9001

CRP-ED-11-93-001