

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 SEP 18 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 577157

1. Corporation Name

G. Laurence Baggett, P.A.

000080025780
09/21/06--01022--003 **3278.75

CR2E081 (12/05)

2. Principal Office Address

523 N. Halifax Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

523 N. Halifax Ave.

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

Country

32118

USA

City & State

Daytona Beach, FL

Zip

Country

32118

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/27/78

5. FEI Number

591833098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

G. Laurence Baggett

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

523 N. Halifax Ave.

Suite, Apt. #, Etc.

City

Daytona Beach

State

FL

Zip Code

32118

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

X

REGISTERED AGENT MUST SIGN

Date

9/12/06

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
PSD	G. Laurence Baggett	10 River Dunes Dr.	Daytona Bch., FL 32118

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 contained in Chapter 119, 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/12/06

386-252-7311
Daytime Phone #