

F94 0000 000215
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1050.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000215**

1. Corporation Name

Baita Real Estate, INC

02

2. Principal Office Address - No P.O. Box #

427 South Main St

Suite, Apt. #, etc.

#315

City & State

Cedar City, UTAH

Zip

84720

Country

USA

3. Mailing Office Address

PO Box 2462

Suite, Apt. #, etc.

City & State

Cedar City, UTAH

Zip

84720

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

592440463

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

Forich LLC

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

1840 Coral Way, 4th Floor

Suite, Apt. #, Etc.

Suite 4-505

City

Miami

State

FL

Zip Code

33145

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **3/3/08**

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
P	Michael Cirillo	427 South Main Street	Cedar City, UT 84720

REINSTATEMENT 2002-2008

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/08

Date

Daytime Phone #