

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -6 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H80150**

1. Corporation Name

STEVEN K. BAKUM, INC.

Principal Place of Business

4634 S DIXIE HIGHWAY
W PALM BEACH FL 33405
US

Mailing Address

4634 S DIXIE HIGHWAY
W PALM BEACH FL 33405
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/10/1985

5. FEI Number

59-2595051

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BAKUM, STEVEN K.	4917 S DIXIE HWY	W PALM BEACH FL
		4634 S. Dixie Hwy	W. Palm Bch. FL 33405

700008834657
11/06/02--01116--003 **750.00

8. Name and Address of Current Registered Agent

~~SQUIRE, STEVEN F.~~
~~500 NE 3RD AVE~~
~~FT LAUDERDALE FL 33301~~

9. Name and Address of New Registered Agent

Name

Steven K. Bakum

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

4634 S. Dixie Highway

Suite, Apt. #, Etc.

City

W. Palm Beach

State

FL

Zip Code

33405

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. or 617.0505, F.S.

Signature of
Registered Agent

Steven K. Bakum
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/31/02

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 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:

Steven K. Bakum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/02)