## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # H

H80150

1. Corporation Name

STEVEN K. BAKUM, INC.



03 NOV -3 PH 6:33

SECRETARY OF STATE FALLAHASSEE. FLORIDA

#634 SOUTH DIXTE HIGHWAY WEST PALM BEACH FL 39405 US  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  If above addresses, if Applicable 2. New Principal Office Address, if Applicable 3. New Mailing Office Address, if Applicable 4. Deta incorporated or Qualified To Do Business in Florida 10/10/1985 Size Apt. #, etc.  City & State  City & State  Country  Zip  Country  Zip  Country  Research Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Back Officer and/or Directors  3. Street Address of Back Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Street Address of Back Officer and/or Director  7. Names and Street Address of Current Registered Agent  Bakkum, STEVEN K  4834 SOUTH DIXIE HIGHWAY  Bakkum, STEVEN K  4834 SOUTH DIXIE HIGHWAY  Bakkum, STEVEN K  4834 SOUTH DIXIE HIGHWAY  Size Address of New Registered Agent  Name  Name  Name  Size Address of New Registered Agent  Name  Size Address (P.O. Box Number is Not Acceptable)  Size Address of New Registered Agent  Name  10. 1, bein	Principal I	Place of Busine	ess	Mailing Add	ress		{			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Melling Office Address, If Applicable  4. Date Incorporated or Qualified  To Do Business in Florida  10/10/1985  5. FEI Number  59-2595051  Applied For  Surfa, Apt. #, etc.  City & State  Zip  Country  Zip  Country  Zip  Country  Zip  Country  2. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director  8. Name and Address of Current Registered Agent  Assa SOUTH DIXIE HIGHWAY  BAKUM, STEVEN K  4834 SOUTH DIXIE HIGHWAY  BAKUM, STEVEN K  4834 SOUTH DIXIE HIGHWAY  BAKUM, STEVEN K  4834 SOUTH DIXIE HIGHWAY  Surface Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Name  Street Address of New Registered Agent  Surface Address of New Registered Agent  Name  Surface Address of New Registered Agent  Surface Address of New Registered Agent  Name  Surface Address of New Registered Agent	WEST PALM BEACH FL 33405 WE			WEST PALM	WEST PALM BEACH FL 33405					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State  City & State  Country  Zip Country Co		•4					REINS	STATEMEN	W 2003	
Suite, Apt. #, etc.				•						
City & State  Country  Coun					oto		Ta Da Businasa in Florida			
Zip Country Zip Country 6. CERTIFICATE OF STATUS DESIRED Status Desired of Sands Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Title(s) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip  PD BAKUM, STEVEN K 4634 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  Name  BAKUM, STEVEN K 4634 SOUTH DIXIE HIGHWAY  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City Flat  Zip Code					<u></u>		5. FEI Numbe		Applied For	
Zip Country Country Country Country Country CERTIFICATE OF STATUS DESIRED Tor 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) 2 Name of Officers and/or Directors 3 Street Address of Each Officer and/or Director 4 City / State / Zip  PD BAKUM, STEVEN K 4834 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  Name  BAKUM, STEVEN K 4634 SOUTH DIXIE HIGHWAY  WEST PALM BEACH FL 33405  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State   Zip Code	City & State			City & State	City & State		TNOT Applicable			
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PD BAKUM, STEVEN K  8. Name and Address of Current Registered Agent  BAKUM, STEVEN K  4634 SOUTH DIXIE HIGHWAY  8. Name and Address of Current Registered Agent  Name  BAKUM, STEVEN K  4634 SOUTH DIXIE HIGHWAY  8. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  State   Zip Code   FL   Zip Code   The Code	7. Names	and Street Ad	dresses of Each Officer a	ınd/or Director (Flo	orida nonprofi	t corporations must list at lea	st 3 directors)			
BAKUM, STEVEN K 4634 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405  BIND 24380910 11/03/03 01068 005 *** 750.00  9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	Title(s)   and/or Directors			Officer and for Director		City / State / Zip				
BAKUM, STEVEN K 4634 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405  8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc. City State Zip Code FL	PD	BAKUM, STEVEN K			4634 SOUTH DIXIE HIGHWAY			WEST PALM BEACH FL 33405		
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4634 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405 Suite, Apt. #, Etc. City State Zip Code					<u> </u>	Name				
WEST PALM BEACH FL 33405  Suite, Apt. #, Etc.  City  State FL  Zip Code										
	10. I, bein	g appointed the	e registered agent of the	above named corpo	oration, am fa	miliar with and accept the ob	ligations of Secti	<del></del>	=	
				,				,		
Signature of Stevenson 12/1/6	Signature	of S	Rem	Date				10/10	4	
REGISTERED AGENT MUST SIGN	Registere	d Agent	<	REGISTERED AG	SENT MUST	SIGN	<del></del>	Date	05	
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 filling		y that I am an c	ifficer or director or the re	ceiver or trustee er	mpowered to	execute this application as n	rovided for in cha	inter 607 or 617 E.S. Lfueba	er certify that when filing	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR