

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 SEP 27 AM 8:44

DOCUMENT # H92100

1. Corporation Name

Conley & Baker, Chartered

2. Principal Office Address

c/o Franklin G. Baker
6310 Trail Blvd.

3. Mailing Office Address

c/o Franklin G. Baker
6310 Trail Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, Florida

City & State

Naples, Florida

Zip

34108

Country

USA

Zip

34108

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/1985

5. FEI Number

592613146

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name

Franklin G. Baker

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

6310 TRAIL BLVD

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34108

500003417155
10/06/00 01007-018
***1208.75 ***1208.75

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

REGISTERED AGENT MUST SIGN

Date 9-22-00

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
Pres.	Franklin G. Baker	6310 TRAIL BLVD	Naples, Florida 34108
V.Pres.	Franklin G. Baker	6310 TRAIL BLVD	Naples, Florida 34108
Sec.	Franklin G. Baker	6310 TRAIL BLVD	Naples, Florida 34108
Treas.	Franklin G. Baker	6310 TRAIL BLVD	Naples, Florida 34108
Dir.	Franklin G. Baker	6310 TRAIL BLVD	Naples, Florida 34108

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Franklin G. Baker, Pres.

Date

Daytime Phone #

941-261-9300

CR2E061 (9/99)