


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # K29207

1. Corporation Name

BAKER, DURKEE & LAINE, INC.

2. Principal Office Address

521 S. ANDREWS AVE

Suite, Apt. #, etc.

STE NO 8

City & State

FT. LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 03-06

4. Date Incorporated or Qualified
To Do Business in Florida

7/15/88

5. FEI Number

65-0058594

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

GERALD W. LAINE

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

521 S. ANDREWS AVE

Suite, Apt. #, Etc.

STE NO 8

City

FT LAUDERDALE

State

FL

Zip Code

33301

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

Gerald W. Laine
REGISTERED AGENT MUST SIGN

Date

10/13/06

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
P-D	GERALD W. LAINE	521 SANDREWS AVE #8	FT LAUDERDALE FL 33301
U-S-D	MARK DURKEE	521 S. ANDREWS AVE #8	FT LAUDERDALE FL 33301

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:

Gerald W. Laine
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

944-630-0000

B. Mitchell OCT 17 2006

BENNETT G. FELDMAN

Attorney at Law
2655 Lejeune Road
Suite 508

Coral Gables, Florida 33134

Telephone (305) 445-9909 Fax (305) 461-5088

October 13, 2006

Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

NAME OF CORPORATION
DOCUMENT NUMBER

BAKER, DURKEE & LAING, INC.
K29207

Enclosed please find the application for reinstatement for the above corporation with payment in the amount of \$600.00.

My client moved their offices and did and did not receive the annual report notice in the year of dissolution. It is respectfully requested that the \$600 reinstatement fee be waived.

Please return all correspondence concerning this matter to the following:

Bennett G. Feldman
2655 Lejeune Road
Suite 514
Coral Gables FL 33134

For further information concerning this matter, please call:

Bennett G. Feldman at 305-445-9909

email benfeld@bellsouth.net

Very truly yours


BENNETT G. FELDMAN