

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 OCT -8 AM 10:25

DOCUMENT # L03000044910

1. Corporation Name Robert W Baxter LLC

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

104 Lucas DR

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34601

Country

Hernando

3. Mailing Office Address

104 Lucas DR

Suite, Apt. #, etc.

City & State

Brooksville FL

Zip

34601

Country

Hernando

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

11/03

5. FEI Number

200399258

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$875 Additional Fee required  
for a Certificate of Status**

**7. Name and Address of Current Registered Agent**

Name

Robert Baxter

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

104 Lucas DR

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34601

☒ 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

Robert Baxter

Date

10/3/07

REGISTERED AGENT MUST SIGN

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
<del>MGR</del>	<u>Robert W Baxter</u>	<u>104 Lucas DR</u>	<u>Brooksville FL 34601</u>

**REINSTATEMENT**  
WOP 2005-2007

200110468752  
10/03/07--01014--004 \*\*245.00

BLT

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:

Robert W Baxter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/07

Date

352 299 1173

Daytime Phone #