M06000002842

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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DIVISION OF CORPORATIONS
09 SEP 21 AM 8:33

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

BAKER-PHOENIX PROPERTIES LLC

07

BK

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
900 N. GARVER ROAD		900 N. GARVER ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MONROE, OHIO		MONROE, OHIO	
Zip	Country	Zip	Country
45050	USA	45050	USA

4. State/Country of Formation
OHIO

5. Date Organized or Qualified To Do Business in Florida 5-11-2006

6. FEI Number
311712591

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
2731 EXECUTIVE PARK DRIVE

Suite, Apt. #, Etc.
SUITE 4

City: WESTON | State: FL | Zip Code: 33331

BK

☒ A $100 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 $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Asst. Secretary Date: 9/21/09
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DANIEL L. BAKER	900 N. GARVER ROAD	MONROE, OHIO 45050
MGRM	CYNTHIA S. BAKER	900 N. GARVER ROAD	MONROE, OHIO 45050
	REINSTATEMENT 2007-2009		788160894877

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: Cynthia S Baker Date: 9/21/09 Daytime Phone #: (513) 539-4000

Typed or printed name of signing Managing Member/Manager: CYNTHIA S. BAKER, MANAGING MEMBER

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155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: **09-21-09**

NAME: BAKER-PHOENIX PROPERTIES LLC

TYPE OF FILING: **REINSTATEMENT**

COST: **$416.25**

RETURN:

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ACCOUNT: **FCA000000015**

AUTHORIZATION: **ABBIE/PAUL HODGE** Abbie Hodge

ORIGINAL BK