

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -5 AM 8:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

mb1505

REINSTATEMENT *03*

300025259283
*12/05/03--01053--017 **750.00*

LE - BAKER CONSTRUCTION COMPANY INC

2. Principal Office Address

10410 SW 182ND ST

Suite, Apt. #, etc.

3. Mailing Office Address

10410 SW 182ND ST

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FL

Zip

33157

Country

USA

Zip

33157

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/27/87

5. FEI Number

65-0066536

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

LEROY BAKER

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

10410 SW 182ND STREET

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33157

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

X Leroy Baker

REGISTERED AGENT MUST SIGN

Date *12/3/03*

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
<i>PRES</i>	<i>LEROY BAKER</i>	<i>10410 SW 182ND ST</i>	<i>MIAMI FL 33157</i>
<i>SEC</i>	<i>LILLIE MAE BAKER</i>	<i>10410 SW 182ND ST</i>	<i>MIAMI FL 33157</i>
<i>TREAS</i>	<i>LARRY BAKER</i>	<i>10410 SW 182ND ST</i>	<i>MIAMI FL 33157</i>

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:

X Leroy Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/3/03

Daytime Phone #

CR2E081 (10/02)