

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 19 PM 4:43

DOCUMENT # N02000000929

1. Corporation Name

BENJAMIN J BAKER NEIGHBORHOOD IMPROVEMENT
ASSOCIATION, INC.

P.O. Box 511713

PUNTA GORDA, FL 33951-1713

REINSTATEMENT 03-04

2. Principal Office Address

318 E. CHARLOTTE AVENUE

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

Zip

33950

Country

US

3. Mailing Office Address

P.O. Box 511713

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

Zip

33951-1713

Country

US

4. Date Incorporated or Qualified--

To Do Business in Florida 02/08/2002

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

5/5/03 91782 028 \$61.25

7. Name and Address of Current Registered Agent

Name

ELLISON HADDOCK

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

2300 LINTON LANE

Suite, Apt. #, Etc.

City

PORT CHARLOTTE

State

FL

Zip Code

33952

100039908001

03/05/04--01051--001 **61.25

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

Ellison Haddock

Date 6/28/04

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
P/D	Ellison Haddock	2300 Linton Lane	Port Charlotte, FL 33952
S/D	Booker T. Haynes, Jr.	512 E. Helen Avenue	Punta Gorda, FL 33950
T/D	William H. Jones, Sr.	318 E. Charlotte Avenue	Punta Gorda, FL 33950
V/D	Walter Marion	427 Showalter Avenue	Punta Gorda, FL 33950
D	John Allen	624 Showalter Avenue	Punta Gorda, FL 33950

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:

Ellison Haddock ELLISON HADDOCK

6/28/04

(941) 661-2898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

BENJAMIN J. BAKER
NEIGHBORHOOD IMPROVEMENT ASSOCIATION
P.O. Box 511713
Punta Gorda, FL 33951-1713

June 9, 2004

Department of State
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

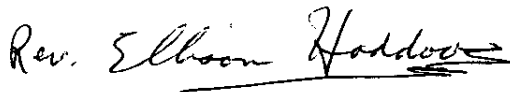
To Whom It May Concern:

In a recent conversation with your department, our organization has been informed that we had an Admin Dissolution by your department due to not correctly filing our report for 2003. It was stated that the report was sent back to us, however we never received it and therefore did not know that the report was not accepted since the check that we sent in the amount of \$61.25 was cashed by your department.

We ask that you waive the \$175 fee to reinstate our organization and accept this year's Reinstatement Form and fee of \$61.25 that we have enclosed.

If you need to contact me in reference to the organization listed above, Document # N02000000929, please call (941) 661-2898 or send your correspondence to the address listed above.

Sincerely,



Rev. Ellison Haddock, President

Enclosures