

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL -7 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N21417**

1. Corporation Name
Baker Academy Alumni Foundation, Inc

Principal Place of Business Mailing Address
**Earlene T. Oliver 26364 ASUNCION DR
Punta Gorda Fla 33983 -941-764-1295**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 6/30/87	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-2601407	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Earlene T. Oliver	26364 ASUNCION DR.	Punta Gorda Fla 33983
T	Roscoe Hill	390 MONACO DR	Punta Gorda Fla 33950
Secretary	Barbara Walls	3381 Westlund TER.	Port Charlotte Fla 33952
D	Brenice Russell	402 Ida Ave	Punta Gorda Fla 33950
D	John Allen	624 E. Showalter	Punta Gorda Fla 33950
V-P	Charlie Ann Thomas	26372 Asuncion DR	Punta Gorda Fla 33983

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Roscoe Hill
390 MONACO DR
Punta Gorda Fla. 33950**

Name **Roscoe Hill**
Street Address (P.O. Box Number is Not Acceptable)
800002590178--8
Suite, Apt. #, Etc.
-07/15/98--01092--004
City **FL** State **FL** Zip **33950**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent **Roscoe Hill**
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: **Roscoe Hill**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-28-98 (941)
Date Daytime Phone # **687 1944**