

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # N92000000578

1. Corporation Name

THE WARREN L. BAKER FOUNDATION, INC.

Principal Place of Business

2822 LINTHICUM PLACE
TAMPA FL 33618

Mailing Address

2822 LINTHICUM PLACE
TAMPA FL 33618

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/30/1992

5. FEI Number

59-3158655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	BAKER, STEPHEN L.	2822 LINTHICUM PL	TAMPA FL 33618
TD	BAKER, MARY G.	2822 LINTHICUM PL	TAMPA FL, 33618
SD	BAKER, BETSY	13703 WESTSHIRE	TAMPA FL 33618

8. Name and Address of Current Registered Agent

BAKER, STEPHEN L
2822 LINTHICUM PLACE
TAMPA FL 33618

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Stephen L Baker
REGISTERED AGENT MUST SIGN

Date

11/5/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen L Baker

11/5/97

933-4639

Date

Daytime Phone #

APPROVED
AND
FILED

97 NOV 12 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E040 (8/97)