

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000004406**

1. Corporation Name

THE MARGARET AND GERRIT BAKER PRIVATE FOUNDATION, INC.

REINSTATEMENT **02**



200009034412
11/15/02--01094--025 **236.25

Principal Place of Business

Mailing Address

~~C/O BRIAN G. CAVELL
1808 OX BOTTOM LANE
TALLAHASSEE FL 32312~~

C/O BRIAN G. CAVELL
1808 OX BOTTOM LANE
TALLAHASSEE FL 32312

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

c/o Steven J. Asarch

(same as)

Suite, Apt. #, etc.
1900 NW Corporate Blvd #400 East

Suite, Apt. #, etc.
(New Principal office)

City & State
Boca Raton, FL

City & State
(New Principal office)

Zip
33431

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

09/02/1994

5. FEI Number

65-0519042

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	CAVELL, BRIAN G.	490 E. PALMETTO PARK RD	BOCA RATON FL
D	CAVELL, DARCY	1808 OX BOTTOM LANE	TALLAHASSEE FL 32312
STD	ASARCH, STEVEN J	1900 NW CORPORATE BLVD #400 EAST	BOCA RATON FL 33431

8. Name and Address of Current Registered Agent

ASARCH, STEVEN J
1900 NW CORPORATE BLVD
SUITE 400 EAST
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

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. or 617.0505, F.S.

Signature of Registered Agent

(Signature)
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **11-08-2002**

11. 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)(f), 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)
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-2002 561-995-9911
Date Daytime Phone #

CPRE040 (8/02)