

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 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004519

1. Corporation Name

THE MARGARET JO BAKER PRIVATE FOUNDATION, INC.

Principal Place of Business

Mailing Address

670 BRIAN G CARELL
1808 OX BOTTOM LANE
TALLAHASSEE FL 32312

C/O BRIAN G CARELL
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

cp Steven J. Asarch

(same office)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1900 NW Corporate Blvd # 400 East

1900 NW Corporate Blvd # 400 East

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Zip

33431

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1994

5. Filer Number

65-0523838

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	BRIAN G. CAVELL	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
			400009026074
			11/15/02--01078--014 **236.25

8. Name and Address of Current Registered Agent

ASARCH, STEVEN J
1900 NW CORPORATE BOULEVARD
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 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-08-2002 561-995-9991

Date

Daytime Phone #

CR2E040 (8/02)