APPLICATION FOR [redacted]

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

200022

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FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000006676

1. Corporation Name

THE BAIRD CENTER ASSOCIATION, INC.

Principal Place of Business	Mailing Address
619 SOUTH MAIN STREET GAINESVILLE FL 32601	619 SOUTH ~~STREET~~ MAIN STREET SUITE K GAINESVILLE FL 32601

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. SUITE K
City & State	City & State GAINESVILLE, FL
Zip / Country	Zip 32601 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/26/1997

5. FEI Number: 59-3483856 ☐ 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
PD	THOMAS, KINNON	619 SOUTH MAIN STREET	GAINESVILLE FL 32601
D	SHITAMA, ~~GLENN~~ CELESTE	619 SOUTH MAIN STREET	GAINESVILLE FL 32601
D	SHITAMA, GLENN A	619 SOUTH MAIN STREET	GAINESVILLE FL 32601

900003454589--8
-11707/00--01020--026
*****61.75 *****61.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MURPHY, MELISSA JAY 703 N.E. 1ST STREET GAINESVILLE FL 32601	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/00)

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 [redacted] SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-18-2000

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.

KE

SIGNATURE: [redacted] SIGNATURE REQUIRED 10-18-2000 352-378-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KINNON THOMAS

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2 of 2

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October 18, 2000

Secretary of State
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314-6237

Re: The Baird Center Association, Inc.
Fef. Number N97000006676

Dear Division of Corporations:

Please find enclosed 1) our check in the amount of $61.75 for our Annual Report Fee for year 2000, 2) your reinstatement application.

Our mailing address is not correct in your records and the post office returned the Annual Report Form to your office. I have corrected this on the form enclosed.

In speaking with a representative in the Reinstatement Department, she suggested this letter and that we request a waiver of the reinstatement fee as we did not receive the Annual Report Form in January.

Thank you for your kind consideration. I hope this will be the only time we must deal with this situation, as we certainly want to keep our obligations to the State of Florida current.

Sincerely,

K Kinnon Thomas

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