

APPLICATION
FOR



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

102

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N97000006676

1. Corporation Name

THE BAIRD CENTER ASSOCIATION, INC.

Principal Place of Business

619 SOUTH MAIN STREET
GAINESVILLE FL 32601

Mailing Address

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	THOMAS, KINNON	619 SOUTH MAIN STREET	GAINESVILLE FL 32601
D	SHITAMA, DAVID CELESTE	619 SOUTH MAIN STREET	GAINESVILLE FL 32601
D	SHITAMA, GLENN A	619 SOUTH MAIN STREET	GAINESVILLE FL 32601

900003454589--8
-11/07/00--01020--026
*****61.75 *****61.75

8. Name and Address of Current Registered Agent

MURPHY, MELISSA JAY
703 N.E. 1ST STREET
GAINESVILLE FL 32601

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

Melissa Jay Murphy
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:

Kinnon Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-18-2000
Date

352-396-8742
Daytime Phone #

CR2E040 (8/00)

202

October 18, 2000

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

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

Dear Division of Corporations:

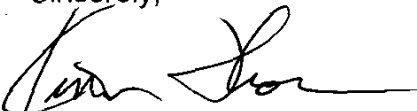
Please find enclosed 1) our check in the amount of \$61.75 for our Annual Report Fee for year 2000, 2) your reinstatement application.

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