

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000059975

1. Corporation Name

BAIRD COMMUNICATIONS, INC.

Principal Place of Business

2075 POLO GARDEN DRIVE
APARTMENT 4-201
WELLINGTON FL 33414

Mailing Address

2075 POLO GARDEN DRIVE
APARTMENT 4-201
WELLINGTON FL 33414

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

915 PARK AV
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

915 PARK AV
Suite, Apt. #, etc.

City & State

LAKE PARK F.L.

City & State

LAKE PARK F.L.

Zip

33403

Country

U.S.A.

Zip

33403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/15/2000

5. FEI Number

65-1042967

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
D	BAIRD, CLAIRMONT	2075 POLO GARDEN DRIVE, APT. #4	WELLINGTON FL 33414
D	JANET BAIRD	915 PARK AV	LAKE PARK FL 33403

400004719164--4
-12/11/01--01075--001
****758.75 ****758.75

11/22/01

8. Name and Address of Current Registered Agent

ANDERSON, NEVILLE
2075 POLO GARDEN DRIVE
APARTMENT 4-201
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name CLAIRMONT BAIRD
Street Address (P.O. Box Number is Not Acceptable)
915 PARK AV
Suite, Apt. #, Etc.
LAKE PARK
City WEST PALM BEACH State FL Zip Code 33403

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11-22-01

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.

JANET BAIRD

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-01

Date

561-309-4403

Daytime Phone #

CR2E04C (8/01)