

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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

DOCUMENT # P00000104526

1. Corporation Name

R.L. BAKER MEDICAL, INC.

Principal Place of Business

5365 CHIPPENDALE CIRCLE
FORT MYERS FL 33919

Mailing Address

5365 CHIPPENDALE CIRCLE
FORT MYERS FL 33919

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

11/06/2000

5. FEI Number

65-1064638

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 |
|---------------|---|--|-------------------------|
| DPV | BAKER, ROBERT L II | 5365 CHIPPENDALE CIRCLE | FORT MYERS FL 33919 |
| ST | BAKER, ROBERT L II | 5365 CHIPPENDALE CIRCLE | FORT MYERS FL 33919 |
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10/29/02--01132--015 **150.00

8. Name and Address of Current Registered Agent

MCMICHAEL, KEVIN
16521 SAN CARLOS BLVD
FT MYERS FL 33908

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. 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

10/22/02

Date

239-931-0183

Daytime Phone #

CR2E040 (8/02)

Department of State

In regards to the Uniform Business Report notice of delinquency for RL Baker Medical Inc.(FEI # 65-1064638). This is the first notice we have received form your office this year. Please find check enclosed for our annual fee.

Thank you,

A handwritten signature in black ink, appearing to read "Robert L. Baker II", written in a cursive style.

Robert L. Baker II