

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 OCT 29 AM 10:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000104526

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
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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		4. Date Incorporated or Qualified To Do Business in Florida 11/06/2000	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-1064638	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
DPV	BAKER, ROBERT L II	5365 CHIPPENDALE CIRCLE	FORT MYERS FL 33919
ST	BAKER, ROBERT L II	5365 CHIPPENDALE CIRCLE	FORT MYERS FL 33919

800008674008  
 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 Zip Code	
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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** \_\_\_\_\_ Date \_\_\_\_\_  
 REGISTERED AGENT MUST SIGN

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** \_\_\_\_\_ Date 10/22/02 Daytime Phone # 239-931-0183  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 from 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