


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -1 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # FO2000099316  
1. Corporation Name Baker Beginning LLC, Inc.  
document #

2. Principal Office Address <u>18891 SW 294TH TERR</u>		3. Mailing Office Address <u>18891 SW 294TH TERR</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Homestead, Florida</u>		City & State <u>Homestead, Florida</u>	
Zip <u>33030</u>	Country <u>USA</u>	Zip <u>33030</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>9.13.2002</u>	
5. FEI Number <u>55-0796497</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <u>SPIEGEL &amp; UTRERA P.A.</u>		700030477387	
Street Address (P.O. Box Number is Not Acceptable) <u>1846 SW 29th Street</u>		03/15/04-01057-023 **158.75	
Suite, Apt. #, Etc. <u>4TH FLOOR</u>		700030477387	
City <u>Miami, Florida</u>		03/15/04-01057-024 **150.00	
State <u>FL</u>	Zip Code <u>33145</u>		

8. I, being appointed the registered agent for the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Natalia Utrera Date 02-20-04  
REGISTERED AGENT MUST SIGN VICE-PRESIDENT

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Patricia Jones	18891 SW 294TH TERR	} both reside at same location.
V-Pres	David Horne	Homestead, FL 33030	
Sec	Patricia Jones		
Treas.	Patricia Jones		

REINSTATEMENT 03-04

10. 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: Patricia Jones Patricia Jones 11/20/03 786-295-3205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2001 (10/02)

*Page 2 of 2*  
Better Beginnings DLC, Inc.  
Patricia Jones  
18891 SW 294<sup>th</sup> Terrace  
Homestead, Florida 33030  
(786) 295-3205

.....  
**Better Beginnings DLC, Inc.**

November 20, 2003

Department Of State  
Divisions of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Attention: Ms. Ruby Dunlap

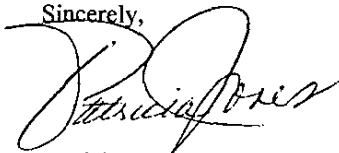
Dear Ms. Dunlap,

As per our conversation this morning, enclosed you will find the documentation required for the reinstatement of Better Beginnings DLC, Inc.. I sincerely apologize for the inconvenience I may have caused however this is all new to me & I'm slowly learning through trial & error.

I have gone through all the correspondence of the corporation & to date, have not found anything from the state referring to the annual filing fee. Please take this letter as an apology & thanks for the waiving of the late fee & you can rest assure that January of 2004 this fee will be paid, for the year 2004.

Thank you for all your help & prompt attention to this matter. If there should be any questions, please feel free to contact me at your earliest convenience at the above cell phone number.

Sincerely,



Patricia Jones  
President