

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130790

1. Corporation Name

BAKER FAMILY ENTERPRISES, INCORPORATED

Principal Place of Business

Mailing Address

114 BULLOCK BOULEVARD  
NICEVILLE FL 32578

114 BULLOCK BOULEVARD  
NICEVILLE FL 32578



REINSTATEMENT 03

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

12/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State  
Niceville FLORIDA

City & State  
Niceville FLORIDA

71-0932020

Not Applicable

Zip  
32578

Country  
OKLAHOMA

Zip  
32578

Country  
OKLAHOMA

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
President	SHANA M. BAKER	121 Red Maple Way	Niceville, FL 32578
Vice President	MARK A. BAKER	121 Red Maple Way	Niceville, FL 32578

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKER, SHANA M  
114 BULLOCK BOULEVARD  
NICEVILLE FL 32578

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

Date 10-20-03

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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03

Date

850-678-1280

Daytime Phone #

CR2E040 (7/03)

Glenda E. Hood  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

October 23, 2003

Dear Glenda E. Hood,

I am writing this letter to inform you that we submitted our Uniform Business Report on time, and along with a check for our annual fees. We paid with check number 141 dated September 3, 2003. The check was for \$150, and has cleared our checking account.

We did receive a form back that needed updated information, but we filled it out and returned it immediately. Please waive our fee, and reinstate our corporation. Also please note our address change. Thank you for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Shana M. Baker".

Shana M. Baker, President