						Pa	ge	122	
}	PLEASE READ	ALL INSTRUCT	IONS	BEFORE C	OMPLETI	NG THIS	FORM.	0.	
CORPORATION REINSTATEMENT					FILED 08 NOV 17 PM 3: 50				
DOCUMENT # P03000079612 1. Corporation Name SHERYL F. BAKER, P.A.						St TA	LLAHAS	RY OF STATE SEE, FLOPINA	
						300138002603 11/17/0801054012 ***300.00			
2. Principal Office Add 3000 N. U Suite, Apt. #, etc.	ress-No P.O. Box # niversity Dr	3. Mailing Office Address 3000 N.University Dr. Suite, Apt. #, etc.			CR2E081 (10/08)				
Suite E		Suite E			4. Date Incorporated or Qualified To Do Business in Florida 07/18/2003				
City & State Coral Spr	City & State Coral Springs, Fl.			5. FEI Number Applied For 76~0736568 Not Applicable					
^{Zip} 33065	Country USA	^{Zip} 33065	Count	USA	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status				
Name Sheryl F. Baker, P.A. Street Address (P.O. Box Number is Not Acceptable) 30.00 N. University Drive Suite, Apt. #, Etc. Suite E City Coral Springs					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Coral Sp 8. I, being appointed the Signature of Registered Agent	he registered agent of the abo	we named corporation, am	familiar v	33065 with and accept the ot	bligations of section	on 607.0505 or 6	517.0503, F.S /////	5 50	
	Addresses of Each Officer an Name of	d/or Director (Florida nonpre	· · · · ·	treet Address of Each					
D Shery	Officers and/or Directors Shervi F. Baker 300			Officer and/or Director O N. University Dr. uite E			Sprin	ugs,F133065	
this reinstatement owed by the corpo	n officer or director or the rece application, the reason for diss ration have been paid and the is true and accurate, and my s	solution has been eliminated names of individuals listed	d, the cor on this fo	porate name satisfies orm do not qualify for a	an exemption cor	s of section 607.0)401 or 617.0 er 119, F.S. T	401, F.S., that all fees	
	SIGNATURE AND TYPED OR PR	INTED NAME OF SIGNING OF	FFICER O	R DIRECTOR		Date	Da	ytime Phone #	
								CIVIS	

MARKROB ACCOUNTING SERVICE, INC.

PO BOX 9199 CORAL SPRINGS, FL. 33075-9199 954.346.7288-BROWARD 954.346.7217-FAX 954.434.5996-S.BROWARD 305.621.9382-DADE

11/10/08

Department of State Division of Corporations Corporate Filings PO BOX 6327 Tallahassee, FL. 32314

Re: Reinstatement of Sheryl F Baker P.A. P03000079612

To Whom It May Concern:

Please find enclosed a reinstatement form for our client.

Standard procedure in our office is to verify the corporate status when they become our clients, and while reviewing his corporation, we noted she had failed to file his corporate annual renewal since 2007.

This was due to the fact that they had not received a notice for corporate renewal. Therefore we have enclosed the reinstatement form, and have not included the

reinstatement fee due to his failure to have received his renewal notifications.

Please return to the address listed above.

Should you have any questions, please feel free to contact my office.

Thank you, Sincerely,

. . .

David Hernandez