

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 12 PM 2:41

SEAL
TALLAHASSEE

DOCUMENT # **PO000009204**

1. Corporation Name

JOEL E. BAKER, INC.

000182817900
07/12/10--01057--009 **158.75

000182817900
07/01/10--01036--013 **750.00

REINSTATEMENT 09-1D

CR2E081 (6/10)

2. Principal Office Address - No P.O. Box #

5755 CENTRAL SCHOOL RD.

3. Mailing Office Address

5755 CENTRAL SCHOOL RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MILTON, FL

City & State

MILTON, FL

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

4. Date Incorporated or Qualified
To Do Business in Florida

1/13/2004

5. FEI Number

470938474

☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOEL E. BAKER

Street Address (P.O. Box Number is Not Acceptable)

5755 CENTRAL SCHOOL RD

Suite, Apt. #, Etc.

MILTON

City

MILTON

State

FL

Zip Code

32570

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

Signature of
Registered Agent

Joel E Baker

REGISTERED AGENT MUST SIGN

Date **6-27-2010**

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
PV	JOEL E. BAKER	5755 CENTRAL SCHOOL RD	MILTON, FL 32570
S	MARY FRAZIER	4385 GALT CITY RD	MILTON FL 32583

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Joel E Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-2010

Date

Daytime Phone #

850-686-4499