

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT -2 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P04000027003**

1. Corporation Name

**Baker & Shealey, P.A.**

2. Principal Office Address

**51 S. Main Avenue**

3. Mailing Office Address

**51 S. Main Avenue**

Suite, Apt. #, etc.

**Building M, Suite 311**

Suite, Apt. #, etc.

**Building M, Suite 311**

City & State

**Clearwater, FL**

City & State

**Clearwater, FL**

Zip

**33715**

Country

**USA**

Zip

**33715**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/27/04**

5. FEI Number

**20-0720343**

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

**Masable L. Baker**

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

**51 S. Main Avenue**

Suite, Apt. #, Etc.

**Building M, Suite 311**

City

**Clearwater, FL**

State

**FL**

Zip Code

**33715**

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

REGISTERED AGENT MUST SIGN

Date

**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
P	Masable L. Baker	1203 Kennwick Court	Wesley Chapel, FL 33543
VP	Valdoston Shealey, Jr.	1850 Turtle Hill Road	Enterprise, FL 32725

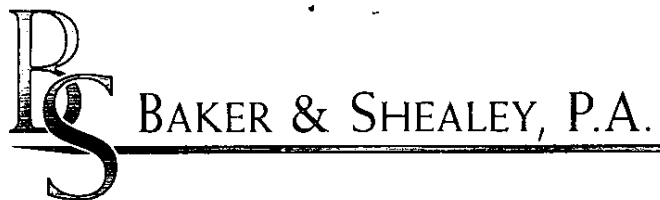
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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 contained in Chapter 119, 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:**

*M. L. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/29/06*  
Date

*(727) 441-9900*  
Daytime Phone #



September 29, 1996

To Whom It May Concern:

We did not receive the annual report notices in the year of dissolution".  
Therefore, we are respectfully requesting that the reinstatement fee be waived.

If additional information is needed, please do not hesitate to give us a call  
at (727) 441-9900.

Thank you

A handwritten signature in black ink, appearing to read 'M-L Baker', with a long horizontal stroke extending to the right.

Masable L. Baker