

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 12 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD4000115777

1. Corporation Name

Christine Baker Cundiff PA

2. Principal Office Address

9476 CR125C

Suite, Apt. #, etc.

3. Mailing Office Address

9476 CR125C

Suite, Apt. #, etc.

City & State

Wildwood FL

City & State

Wildwood, FL

Zip

34785

Country

USA

Zip

34785

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

8/9/04

5. FEI Number

32-0122059

☒ 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

Christine Baker Cundiff

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

9476 CR125C

Suite, Apt. #, Etc.

City

Wildwood

State

FL

Zip Code

34785

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

Christine Baker Cundiff
REGISTERED AGENT MUST SIGN

Date 10/13/06

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
<u>P</u>	<u>Christine B. Cundiff</u>	<u>9476 CR125C</u>	<u>Wildwood, FL 34785</u>

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.

Christine BAKER CUNDIFF

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

352 516-7274

corp

~~October~~
December 13, 2006

To whom it may concern:

Please accept my payment for 2005 and 2006 annual report fees and supplemental fees and please reactivate my corporation P04000115777 Christine Baker Cundiff Pa and Please waive my reinstatement fee as I never received any annual report notices.

Thank You,
Christine Cundiff
President
9476 cr 125c
Wildwood, FL 34785
352-516-7279

> Please note correct address
information to be sure
you have accurate mailing
address on file -

Thank you
Christine Baker Cundiff