

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000167993

1. Corporation Name

BAKER C AND D, INC.

2. Principal Office Address - No P.O. Box #
8981 S. SR 228

Suite, Apt. #, etc.

City & State
Maccleddy, FL

Zip
32063

Country
Baker

3. Mailing Office Address
8981 S. SR 228

Suite, Apt. #, etc.

City & State
Maccleddy, FL

Zip
32063

Country
Baker

7. Name and Address of Current Registered Agent

Name
Jimmy Yarborough

Street Address (P.O. Box Number is Not Acceptable)
8981 S. SR 228

Suite, Apt. #, Etc.

City
Maccleddy, FL

State
FL

Zip Code
32063

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 February 16, 2007

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
D	Jimmy Yarborough	8981 S. SR 228	Maccleddy, FL 32063
P/T/S	Jimmy Yarborough	8981 S. SR 228	Maccleddy, FL 32063

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 2007
Date

904/259-8028
Daytime Phone #

FILED

07 FEB 21 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000089586960
02/27/07--01029--017 **900.00

REINSTATEMENT 06-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **12/14/2004**

5. FEI Number

20-8465251

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☐ 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.

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