
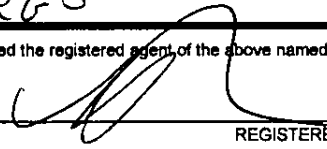
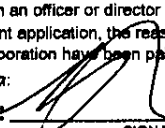


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 10 APR -8 AM 11:52 SECRETARY OF STATE TALLAHASSEE, FLORIDA FILING CANCELLED RETURNED CHECK 700175023557 04/08/10--01050--004 **450.00 CR2E081 (11/09)	
DOCUMENT # P07000067533				
1. Corporation Name MOSES BALDWIN INC				
2. Principal Office Address - No P.O. Box # 6864 124 ter ~		3. Mailing Office Address 6864 124 ter ~		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State LARGO FL		City & State LARGO FL		
Zip 33773	Country USA	Zip 33773	Country USA	
7. Name and Address of Current Registered Agent		4. Date Incorporated or Qualified To Do Business in Florida 6/1/07		
Name MOSES BALDWIN		5. FEI Number 06-1817372		
Street Address (P.O. Box Number is Not Acceptable) 6864 124 ter ~		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Suite, Apt. #, Etc.		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
City LARGO		State FL		
		Zip Code 33773		
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 		Date 3/31/10		
REGISTERED AGENT-MUST SIGN				
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	
PRE	MOSES BALDWIN	6864 124 ter ~	LARGO, FL 33773	
REINSTATEMENT				
10. E-mail Address: MBALD@LIVE.COM <small>(To be used for future annual report notification)</small>				
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:  MOSES BALDWIN 3/31/10 235-9315 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				