

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -7 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P-93000008791

1. Corporation Name

Calvin Baugh Inc.

2. Principal Office Address

4150 N.W. 10 Ave Box #10

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl

Zip

Country

33309

Broward

3. Mailing Office Address

2871 N.W. 13 Court

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, Fl

Zip

Country

33311

Broward

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-29-93

5. FEI Number

650475194

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

Calvin Baugh

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

2871 N.W. 13 Court

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State
FL

Zip Code

33311

300004537103-3

08/16/01-01011-0105

***1658.75 ***1658.75

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

Calvin Baugh

Date 8-6-01

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 |
|-----------|--------------------------------------|---|--------------------------|
| President | Calvin Baugh | 2871 N.W. 13 Court | Ft. Lauderdale, Fl 33311 |
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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 under section 119.07(3)(i), 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:

Calvin Baugh - Calvin Baugh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-06-01 - 954-584-6973

Date

Daytime Phone #

CR2E081 (9/99)