PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED
1996 DEC -5 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000047125

1. Corporation Name

ROLAND BAKER, INC.

Principal Place of Business	Mailing Address
4570 SAN JUAN AVENUE JACKSONVILLE FL 32210 US	4570 SAN JUAN AVENUE JACKSONVILLE FL 32210 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
4561 SAN JUAN AVE	4561 SAN JUAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32210 Country: DUVAL	Zip: 32210 Country: DUVAL

4. Date Incorporated or Qualified To Do Business In Florida: 06/23/1994

5. FEI Number: 59-3253503 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BAKER, ROLAND	4353 GRAN MEADOW LANES SOUTH	JACKSONVILLE FL

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~~*****375.00~~ ~~*****375.00~~

REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAKER, ROLAND 4353 GRAN MEADOWS LANE SOUTH JACKSONVILLE FL 32258	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Roland Baker REQUIRED — Date: 10-22-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☑ (See other side for information on intangible tax.)

12. 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: Roland Baker ROLAND BAKER PRESIDENT 10-22-96 3880577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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