

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 12:17

DOCUMENT # P95000015901

1. Corporation Name

DANIEL L. BAUGH, INC.

Principal Place of Business

Mailing Address

2303 E. ORANGE AVENUE
EUSTIS FL 32726

2303 E. ORANGE AVENUE
EUSTIS FL 32726



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

506 S. Center St.

Suite, Apt. #, etc.

Eustis, FL

City & State

3. New Mailing Office Address, If Applicable

506 S. Center St.

Suite, Apt. #, etc.

Eustis, FL

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

02/24/1995

5. FEI Number

65-0563013

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip
32726

Country

U.S.A.

Zip
32726

Country

U.S.A.

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BAUGH, DANIEL	2303 E. ORANGE AVENUE	EUSTIS FL 32726
D	BAUGH, DENISE	2303 E. ORANGE AVENUE	EUSTIS FL 32726

100003455531--7

11/07/00 01091-012

****750.00 ****750.00

10/10/30

8. Name and Address of Current Registered Agent

BAUGH, DANIEL
2303 E. ORANGE AVENUE
EUSTIS FL 32726

9. Name and Address of New Registered Agent

Name

DANIEL BAUGH

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

506 S. Center St.

Suite, Apt. #, Etc.

City

Eustis

State

FL

Zip Code

32726

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/15/17

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/15/17 (352) 357-1300
Daytime Phone #

CR2ED40 (9/00)