PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION STATEMENT		Secreta	RTMENT OF STATE ry of State corporations		D3 MAR 28 M SECRETARY C TALLAHASSEE,	MII: 25		
DOCUMENT # P95000045809						IALLAHASSEE,	FLORIDA		
1. Corporation Name Law Offices of Richard R. Baker, P.A.									
2. Principal Office Address 2431 Aloma Avenue			3. Mailing Office Address P.O. Box 4370		REMISTATEMENT 02-03				
Suite, Apt. #, etc. Suite 124			Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida June 1995				
City & State Winter Park, FL			City & State Winter Park, FL		5. FEI Number Applied For 59-3367258 Not Applicable				
zip 32792			^{Zip} 32793-4370	· ·		6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent									
	Name Richard R. Baker Street Address (P.O. Box Number is Not Acceptable) 2/131 Aloma Avenue 03/28/0301041014 **] 8.75	
Suite, Apt. #, Etc. Suite 124								# 1 W	
^{City} Winter Park					State Zip Code FL 32792]		
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 March 25, 2003 REGISTERED AGENT MUST SIGN									
9. Names	and Street Addresses	of Each Officer and	l/or Director (Florida nonpr	rofit corporations must list at le	east 3 directors)				
Titles	Officer	Name of rs and/or Directors		Street Address of Each Officer and/or Director			City / State / Zip		
Dir/Pres Richard R. Baker			2431 /	2431 Aloma Avenue, Suite 124			Winter Park, FL 32792		
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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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #									

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