2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT					,	Agoes 7. S		
DOCUMENT # P96000009980						ACCES TO STREET		
1. Entity Name LARRY J. BAKER & ASSOCIATES, INC.					2007 DEC 24 PM 1:31			
						2007 DEC 2	Li PM 1-0	
Principal Place of Business Mailing Address						CECRETA	RYOFSIAID	٠.
7800 W SAN	D LAKE	7800 W SAND LAKE				TAILAHA	RY OF STATE SSEE.FLORIDA	
STE 205 STE 205 Orlando, Fl 32819 US Orlando, Fl			. 32819 US			175-	••	-
<u> </u>								
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					 	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12122007	REIN-P	CR2E098 (1/07)		
City & Stat	e	City & State		4. FEI Numbe 41-766		+	oplied For ot Applicable	
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired Security Securi			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
BAKER, LARRY J				Name				
1800 WES	ST SAND LAKE RD D, FL 82819			Street Address (P.O. Box Number is Not Acceptable)				
			-	City			Zip Cod	in .
		, <u> </u>		•				:
8. The above name antity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the bulgations of registered agent.								
$\Delta = 12.2$								
SIGNATURE Signature, lybed or pented name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DAV.								
FILE NOW!!! FEE IS \$150.00 In accordance with \$, 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND	DIRECTORS		ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTOR	IS INI 11	
TITLE			11.		ADDITIONS	CHANGES TO OFF	☐ Change	Addilion
NAME	BAKER, LARRY J				20	01122		
STREET ADDRESS CITY-ST-ZIP	,		STREET CITY-S	ADDRESS	127247	011 332 07-01018	-005 ***i50.0)()
INTE			TITLE		, . _		☐ Change	Addition
NAME	BAKER, LANNY J		NAME				☐ 2\ran\d	
STREET ADDRESS CITY-ST-ZIP	7800 W SAND LAKE		STREET ADDRESS CITY-ST-ZIP					
TITLE				01 - ZIF			☐ Change	☐ Addition
NAME	Delete Titu			ļ			Cubinge	☐ Addilion
STREET ADDRESS	•			ADDRESS		_		
CITY-ST-ZIP TITLE			CITY-S	31-2119-				CT Address
NAME	L Delete		TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS			1	ADDRESS				
CITY-ST-ZIP			CITY-S	T-ZIP				
TITLE NAME	□ Defete □ TITL						☐ Change	Addition (
STREET ADDRESS	I · ·			ADDRESS				
CITY-ST-ZIP	<u>-</u>		CITY-S	IT-ZIP				
i name	, 1 — ,		TITLE NAME				. Change	Addition
STREET ADDRESS	1 1			ADDRESS				
CITY-ST-ZIP		A	CITY-S	i	<u> </u>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is trule and securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the speciver or trustee employers to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attaghment with an address, with all effect like impowered.								
or the corporation or the repetver or trustee empowering to execution is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.								
SIGNATURE: Dec 13,07								
SIGNATURE: Date Daying Phone 9								

12/24 av