
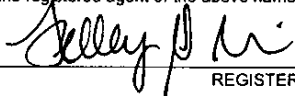
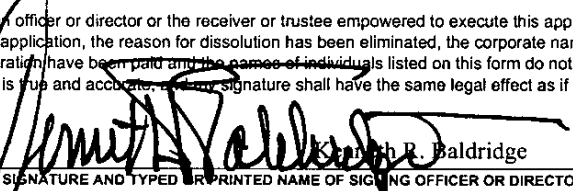


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 SEP 15 AM 10:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>P-97000009730</u>			
1. Corporation Name Baldrige Development Group, Inc.			
2. Principal Office Address 11825 Manchester Road		3. Mailing Office Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St. Louis, Missouri		City & State	
Zip 63131	Country USA	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida January 27, 1997		5. FEI Number	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Kelly Price			
Street Address (P.O. Box Number is Not Acceptable) 27200 Riverview Center Blvd.			
Suite, Apt. #, Etc. Suite 309			
City Bonita Springs		State FL	Zip Code 34134
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 <u>9-7-05</u>	
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
DIR	Kenneth R. Baldrige	11825 Manchester Road	St. Louis, Missouri 63105
PRES	Kenneth R. Baldrige	11825 Manchester Road	St. Louis, Missouri 63105
SECY	Kenneth R. Baldrige	11825 Manchester Road	St. Louis, Missouri 63105
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. My signature shall have the same legal effect as if made under oath.			
SIGNATURE: 		Date 8/30/2005	Daytime Phone # 314-966-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #