

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

1998-1999 AR.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000022871

1. Corporation Name

MOSES T. BALDWIN INC.

Principal Place of Business

6485 26TH WAY NORTH
ST PETERSBURG FL 33702

Mailing Address

6485 26TH WAY NORTH
ST PETERSBURG FL 33702

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/05/1997

5. FEI Number

59-3416031

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	BALDWIN, MOSES T	6485 26TH WAY NORTH	ST PETERSBURG FL 33702

600002778336--8
-02/17/99--01068--008
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BALDWIN, MOSES T
6485 26TH WAY NORTH
ST PETERSBURG FL 33702

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

1/30/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 (727)
458-5007

Date

Daytime Phone #

CR2E040 (9/98)

②

MOSES T. BALDWIN INC.

6864 124 TERR. N

LARGO, FL. 33773

(727)-519-0316

1/30/99

P 97000022871

To Whom It may concern:

This letter is in response to our conversation from a couple of weeks ago. Back in April 15th of 1998 I sent my paper work in for Filling Fee for my corporation you then sent it back to me on 4/21/98 because of no FEI written on the application, I then turned around and sent it back to you with the FEI # on it. A couple of weeks ago you sent me ~~the~~ ^A new paper work of dissolution or revocation because you had not receive my original paper work; so then I called you and you ask for me to write an explanation letter of what happen along with a new ~~check~~ check for 150.00; so that what I'm doing; feel free to call me during the day at (312) 458-0007. thank you.