

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000066525

1. Corporation Name

RANGELEY PROPERTY MAINTENANCE, INC.

Principal Place of Business

Mailing Address

626 N.W. 87TH LANE
CORAL SPRINGS FL 33071

626 N.W. 87TH LANE
CORAL SPRINGS FL 33071

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

2. New Principal Office Address, If Applicable

2367 NW 34th Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

2367 NW 34th Ave
Suite, Apt. #, etc.

City & State

COCONUT CREEK FL

City & State

COCONUT CREEK FL

Zip 33066

County Broward

Zip 33066

County Broward

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

07/30/1997

SP

5. FEI Number

65-0723899

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

SP 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	BAKER, SCOTT	626 N.W. 87TH LANE	CORAL SPRINGS FL 33071
VP	BAKER, GLENN	2367 NW 34TH AVE	COCONUT CREEK FL 33066

200003061122--0
-12/06/99--01021--005
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAKER, SCOTT
626 N.W. 87TH LANE
CORAL SPRINGS FL 33071

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 607.0605, F.S.

Signature of
Registered Agent

Scott A Baker

REGISTERED AGENT MUST SIGN

Date

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:

Scott A Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (6/97)