

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 23 PM 12: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000081688

1. Corporation Name

MARC L. BAKER CONSULTING, INC.

Principal Place of Business

Mailing Address

2966 NORTHWEST 91 AVENUE
CORAL SPRINGS FL 33065

2966 NORTHWEST 91 AVENUE
CORAL SPRINGS FL 33065

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1997

5. FEI Number

65-0782294

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSTD	BAKER, MARC L	2966 NORTHWEST 91 AVENUE	CORAL SPRINGS FL 33065

800002702238--5
-12/03/98-01032-021
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AMERILAWYER-CHARTERED
345 ALMERIA AVENUE
CORAL GABLES FL 33134

MARC L BAKER

Name

MARC L BAKER

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

2966 NW 91st Ave

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

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

MARC L BAKER REQUIRED

Date

11/17/98

REGISTERED AGENT MUST SIGN

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:

MARC L BAKER REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/98

Daytime Phone #

954 923

4436

CR2E040 (9/98)