

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUN -2 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000018249

**1. Corporation Name**

Law Offices of Reid S. Baker, P.A.

**2. Principal Office Address**

3109 Stirling Road

Suite, Apt. #, etc.

Suite 202

City & State

Fort Lauderdale, Fla.

Zip

33312

Country

USA

**3. Mailing Office Address**

3109 Stirling Road

Suite, Apt. #, etc.

Suite 202

City & State

Fort Lauderdale, Fla.

Zip

33312

Country

USA

REINSTATEMENT 99-05

**4. Date Incorporated or Qualified  
To Do Business in Florida**

02/25/1998

**5. FEI Number**

65-0814307

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☐**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Reid S. Baker

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

3109 Stirling Road

Suite, Apt. #, Etc.

Suite 202

City

Fort Lauderdale

State

FL

Zip Code

33312

**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

REGISTERED AGENT MUST SIGN

Date

5/31/05

**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
Pres.	Reid S. Baker	3109 Stirling Road, Suite 202	Fort Lauderdale, Fla. 33312

**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, 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

Date

(954) 894-0086

Daytime Phone #

CRJ/61 (10/02)

**AFFIDAVIT OF REID S. BAKER**

STATE OF FLORIDA     )  
                                      ) SS:  
COUNTY OF BROWARD )

BEFORE ME, the undersigned authority, personally appeared REID S. BAKER, who, after being duly sworn, deposes and states as follows:

1. The undersigned incorporated the Law Offices of Reid S. Baker, P.A., document number P05000003882.
2. The filing date of the articles of incorporation was January 7, 2005.
3. The undersigned is filing the Articles of Dissolution on May 31, 2005.
4. The undersigned will not revoke or attempt to revoke the dissolution of the professional association herein.

**FURTHER AFFIANT SAYETH NOT.**

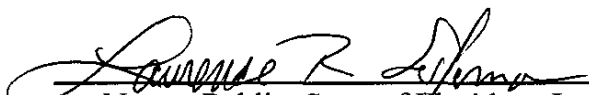
  
\_\_\_\_\_  
REID S. BAKER

STATE OF FLORIDA     )  
                                      )  
COUNTY OF BROWARD )

REID S. BAKER, being duly sworn, deposes and says that the information in the foregoing Affidavit is true and correct to the best of her knowledge, information and belief.



LAURENCE R. SOLOMON  
MY COMM. EXP. 7/23/ 2007  
NO. DD 229053  
BONDED BY MERCHANTS BONDING CO.

  
\_\_\_\_\_  
Notary Public, State of Florida at Large

LAURENCE R. SOLOMON  
\_\_\_\_\_  
Printed Name and Notary Public  
NOTARY PUBLIC, SEAL OF OFFICE