



DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1498000033818

1. Corporation Name

ROBERT BAXTER INC.

Principal Place of Business

Mailing Address

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

7462 BARDWINE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

Zip

Country

Zip

Zip	32818	Country	USA
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Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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) ⁵	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
P/D	ROBERT BAXTER	7462 BORDWINE DR	ORLANDO, FL 32818
VP/D	GRACE BAXTER	7462 BORDWINE DR	ORLANDO, FL 32818
			9000003145479--7 -02/23/00--01108--003 ****150.00 ****150.00
			LS 9000003145479--7 -02/23/00--01108--004

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent **** 150.00

Name ROBERT BAXTER
Street Address (P.O. Box Number is Not Acceptable)
7462 BORDWINE DR
Suite, Apt. #, Etc.

City ORLANDO, FL State FL Zip Code 32818

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 Robert S. Beyer SR.
REGISTERED AGENT MUST SIGN

Date 1/18/00

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

2. 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)(f), 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:

Robert S. Batten SR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone #

Robinson Accounting

01/18/00

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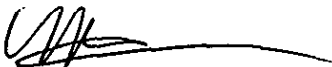
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that Robert Baxter Inc., has relocated. The named Corporation did not receive a Annual Corporate Report. Due to these circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Mr. Robinson
Robinson Accounting