

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 26 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98 0000 38167
1. Corporation Name Baby Rent-All Inc.

REINSTATEMENT 02-04

2. Principal Office Address 7386 Glasgow Rd.
Suite, Apt. #, etc.

3. Mailing Office Address 7386 Glasgow Rd.
Suite, Apt. #, etc.

City & State Weeki Wachee, FL

Zip 34613 Country USA/Hernando

500033897515
04/26/04--01034--006 ***450.00

4. Date Incorporated or Qualified
To Do Business in Florida 4/27/1998

5. FEI Number 593461442
Applied For ☐ Not Applicable ☒

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status ☒

7. Name and Address of Current Registered Agent

Name Deanne Martin

Street Address (P.O. Box Number is Not Acceptable)
7386 Glasgow Rd

Suite, Apt. #, Etc.

City Weeki Wachee

State FL Zip Code 34613

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 Deanne Martin

REGISTERED AGENT MUST SIGN

Date 4/22/04

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
<u>P/T/S/V/D</u> <u>owner c/m</u>	<u>Deanne Martin</u>	<u>7386 Glasgow Rd</u>	<u>Weeki Wachee, FL 34613</u>

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:

Deanne Martin Deanne Martin 4/22/04 3525970023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)