

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -2 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000046980

1. Corporation Name

BAKER-FOX PROPERTIES, INC.

Principal Place of Business

Mailing Address

801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162

801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162



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

4. Date Incorporated or Qualified
To Do Business in Florida

05/28/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2029 Harrison St #6

2029 Harrison St Bay #6

City & State

City & State

Hollywood

Hollywood

Zip

Country

Zip

Country

33020

USA

33020

USA

5. FEI Number

65-0849302

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Seymour Kantor	2029 Harrison St Bay #6	Hollywood, FL 33020
			300003071353--8
			-12/15/99--01075--006
			****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAVAGE, CRAIG D
801 NORTHEAST 167TH STREET
NORTH MIAMI BEACH FL 33162

Name SEYMOUR KANTOR
Street Address (P.O. Box Number is Not Acceptable)
2029 HARRISON

Suite, Apt. #, Etc.
BAY 6

City HOLLYWOOD

State FL

Zip Code 33020

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

REGISTERED AGENT MUST SIGN

Date 11-24-99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-24-99 (305) 651-3211
Date Daytime Phone #

CR25040 (6/99)