

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 MAR 23 PM 1:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000040539

**1. Corporation Name**

Baker Soccer Camp, Inc.

REINSTATEMENT 03-04

**2. Principal Office Address**

2306 Gates Drive

**3. Mailing Office Address**

2306 Gates Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

Tallahassee, FL

**City & State**

Tallahassee, FL

**Zip**

32312

**Country**

Leon

**Zip**

32312

**Country**

Leon

**4. Date Incorporated or Qualified**

To Do Business in Florida 05/05/1999

**5. FEI Number**

59-3573605

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

400030564014  
03/16/04--01050--024 \*\*150.00

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

**Name**

Patrick Baker

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

2306 Gates Drive

Suite, Apt. #, Etc.

**City**

Tallahassee

State  
FL

Zip Code  
32312

400030564014  
03/26/04 01097 020 \*\*150.00

**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

*Kelly S. Baker*

REGISTERED AGENT MUST SIGN

Date

3/4/04

**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
P	Patrick Baker	2306 Gates Drive	Tallahassee, FL 32312
T	Kelly S. Baker	2306 Gates Drive	Tallahassee, FL 32312

**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:

*Kelly S. Baker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/4/04

Daytime Phone #

668-5599

CR2E061 (01/04)

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**BAKER SOCCER CAMP**

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**TO: DEPARTMENT OF STATE, DIVISION OF CORPORATIONS**  
**FROM: BAKER SOCCER CAMP, KELLY BAKER** *YJB*  
**SUBJECT: CORPORATION REINSTATEMENT**  
**DATE: 3/2/2004**

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I HAVE ATTACHED MY CORPORATE REINSTATEMENT PAPERWORK, ALONG WITH  
~~A CHECK FOR \$150 TO COVER THE ANNUAL REPORT FEE FOR 2003 AND THE~~  
~~CORPORATE SUPPLEMENTAL FEE. I DID NOT RECEIVE MY ANNUAL REPORT~~  
FORM IN 2003 AND WAS THEREFORE UNAWARE OF THE MISSED FILING. PLEASE  
LET ME KNOW OF ANY FURTHER ACTION I NEED TO TAKE TO RESOLVE THIS  
MATTER. IF YOU NEED TO REACH ME, PLEASE CALL ME AT (850) 668-5599.  
THANK YOU VERY MUCH FOR YOUR ASSISTANCE.