PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



DOCUMENT #

P99000060346

1. Corporation Name

BAKER & RECK, CHARTERED

Principal Place of Business

Mailing Address

2500 EAST HALLANDALE BEACH BLVD,STE.705 HALLANDALE BEACH FL 33009

2500 EAST HALLANDALE BEACH BLVD.STE.705 HALLANDALE BEACH FL 33009

FILED

02 OCT 3! PM 1: In

SECRETARY OF STATE FALLAHASSEE, FLORIDA



VALUE OF STATE OF STA					1 1-24(1-24) (14. 1-24) 1-24(1		
If above	addresses are incorrect in any way, line	through incorrect	information and ente	r correction below.			
New Principal Office Address, If Applicable 3. New			Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 07/06/1999		
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.		5 FFI Number		Applied For
City & State Cit			City & State		65-0939422 Not Applic		Not Applicable
Zip	Country	Zip	Coun	try	6. CERTIFICA	ATE OF STATUS DESIRED S8	75 Additional Fee required for a Certificate of Status
7. Names	and Street Addresses of Each Officer a	nd/or Director (FI	orida nonprofit corpo	rations must list at I	east 3 directors)		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director					
D	BAKER, STEVEN M	2500 EAST HALLANDALE B			H BLVD,	BLVD, HALLANDALE BEACH FL 33009	
D	RECK, ROBERT F JR.		2500 EAST HALLANDALE BEACH BLVD,		H BLVD,	HALLANDALE BEACH FL 33009	
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8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent		
BAKER, STEVEN M					iss (P.O. Box Number is Not Acceptable) Etc.		
2500 EAST HALLANDALE BEACH BLVD				Street Address (P.O. Box Number is Not Acceptable)			
STE 705				Suite, Apt. #, Etc.			
HALLA	NDALE BEACH FL 33009		City State Zip Code				
10. I, being	appointed the registered agent of the a	bove named corp	oration, am familiar w	rith and accept the	obligations of Se		5, F.S.
Signature o Registered		TU/RE	ERIGO BENT MUST SIGN	URED	<u>-</u>	Date ZI 0	4 7002
					· · · · · · · · · · · · · · · · · · ·		· ·
11. I certify this rein	that I am an officer or director or the rec statement application, the reason for dis	eiver or trustee er solution has been	mpowered to execute eliminated, the corpo	this application as orate name satisfies	provided for in cl	hapter 607 or 617, F.S. I further ts of section 607,0401 or 617,04	certify that when filing

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 it made under oath. 954- 455

SIGNATURE:

BAKER & RECK, CHARTERED

ATTORNEYS AT LAW

STEVEN MATTHEW BAKER, ROBERT F. RECK, JR.

Florida & Maryland Bars Florida Bar

28 October 2002

Florida Department of State PO Box 6327 Tallahassee, Florida 32314

ATTN:

Division of Corporations

SUBJECT:

P99000060346

Reference:

Refund of Late Fees

Dear Sir or Madam:

I am writing this letter to request a refund of my late fee for the filing of my corporate documents. I was charged for a late fee, but I believe it is in error. I did not receive my documents, so I called and requested a new one. I received a new one and sent it in, but then I received a red reinstatement form a few days later. Today, I received my check back for my fees.

I would like my corporation reinstated, so I filled out the red form. I also have sent in a check for the \$550.00 fee. I don't think that I should have to pay late fees, since I never received the original. Can you please help me with this matter? Just let me know what can be done. At the very least, please accept my check for my corporate fees, and if I owe anything extra, just let me know.

Can I hear from you soon?

recommend a rad relative amone forms above days.

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Sincerely,

Steven Matthew Baker Attorney At Law

2500 EAST HALLANDALE BEACH BOULEVARD, SUITE 705, HALLANDALE BEACH, FLORIDA 33009 TELEPHONE NUMBER (954) 455-1933, TELEX NUMBER (954) 455-1934