PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1997 JAN 10 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69136**

1. Corporation Name

BAKER 3 ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~13001 BELCHER RD~~ ~~UNIT C24~~ ~~LARGO FL 34641~~	~~P.O. BOX 313~~ ~~LARGO FL 34649~~

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
2116 Sunnydale Blvd.	P.O. Box 8133
Suite, Apt. #, etc.: Unit 30	Suite, Apt. #, etc.:
City & State: Clearwater, Fl. 34625	City & State: Clearwater, Fl. 34618
Zip: 34625 Country: USA	Zip: 34618 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 07/29/1991

5. FEI Number: 59-3075842 ☐ 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)	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
D	BAKER, LESLIE GAYLE	~~3660 E. BAY DR. #412~~ 1732 RAGLAND Ave	~~LARGO~~ CLWT. FL 34625
VP	WYATT BAKER	~~3660 EAST BAY DR 412~~ 1732 RAGLAND Ave	~~LARGO FL 34641~~ CLWT 34625
ST	BAKER, SARAI R	~~1236 CARACAS AVENUE~~ 1732 RAGLAND Ave.	CLEARWATER FL 34625

700002058517--3
-01/15/97--01019--005
****375.00 ****375.00

REINSTATEMENT 1/13/97

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BAKER, LESLE GAYLE ~~3660 E. BAY DR.~~ 1732 RAGLAND AVE ~~UNIT 412~~ ~~LARGO FL 34641~~ CLWT. FL. 34625	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/96)

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: Leslie Gayle Baker — Date: 9/23/96
REGISTERED AGENT MUST SIGN

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.)

12. 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: Leslie Gayle Baker, Director 9/23/96 (813) 799-8520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LESLIE GAYLE BAKER

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