مي به	PLEASE READ	ALL INST	RUCTIÓNS	BEFORE C	OMPLETI	NG THIS FORM.		
			A DEPARTMENT Sandra B. Mor	tham	FILED			
REINS	STATEMENT ***	Secretary of State vision of corporations		96 DEC 20 AM 11: 33				
DOCU	IMENT #5011	25			SE TAI	CRETARY OF STATE LLAHASSEE, FLORIDA	\$,	
Baker	r Manufacturing Corp	oration						
Principal Place of Business Mailing Address							0.0	
	-D L. B. McLeod Road ndo, Fl. 32811	ME		REINSTATEMENT 500				
	dresses are incorrect in any way, line the		nformation and enter		4. Date Incom	DO NOT WRITE IN THIS SPACE	E	
Suite, Apt. #, etc. Suite, A					To Do Euchossin Florida 11/27/1991			
City & State City &					5. FEI Number 59-30		Applied For Not Applicable	
Zip	Country	Zip	Country	y	6. CERTIFICATE OF STATUS DESIRED CONTROL CONTROL OF STATUS DESIRED CONTROL CONTROL OF STATUS DESIRED CONTROL OF STATUS DES			
7. Names ar	nd Street Addresses of Each Officer and	I/or Director (Flo		tions must list at lea	<u> </u>	TOWN I		
Title(s)	and/or Directors Offic			icer and/or Director se Post Office Box N		City / State /	/ Zīp	
P	Timothy Caulo	6527 Haughton Lane			Orlando, F1. 32835			
VP	J.R. Crain	501 Jennifer Lane			Windermere, Fl.	34786		
					000000404			
_			0000204096 -12/30/960103 ****575.00 **			033015 ****575.00		
•						Ohlari	00-910	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent			
					Timothy Caulo Street Address (P.O. Box Number is Not Acceptable)			
• 5 4				4300-D L. B. McLeod Road Suite, Apl. #, Etc.				
10. I, being a Signature of	appointed the registered agent of the tit	ove named corne	oration, am famillar w	ith and accept the o	bligations of Secti			
Registered A	Agent	EGIOTERED AG	ENT MOST SIGN			Date 12-18-96		
11. Do	es this corporation pay pt. of Revenue under S	any intanç . 199.032,	gible tax to the Florida Stat	ie utes. Yes	⊠ No [(See other side for on Intangib	or information le tax.)	
12. I do her lease th certify th this rem fees ow	eby cartify that the information supplied 6 Division of Corporations from any liab nat I am an officer or director or the rec statement application the reason for di ed by the corporation have been paid-	with this filing is litty of non-compli elver or trustee e scolution has bee The ilylormation i	voluntarily furnished iance with Section 11 inpowered to execute in eliminated, the con indicated on this app	and does not qualify 9.07(3)(k) in the even this application as porate name satisfication is true and a	y for the exemptic ent that the inform provided for in cl es the requirement accurate, and my	n stated in Soction 119.07(3)(k), ation supplied is deemed exempt apter 607 or 617, F.S. I further or the of section 607.0401 or 617.04 signature shall have the same is	Florida Statutes, I re- from public access, I certify that when filing 101, F.S., and that all gal offect as if made	
under o	ath.	1	1		nothy Cau			
SIGNAT	URE: SIGNATURE AND TYPED OR A		0			· 	na Dhona il	