

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # S68597

1. Corporation Name

Baron Capital Enterprise, Inc.

800268707018
01/23/15--01006--002 **758.75

2. Principal Office Address - No P.O. Box #

515 E Las Olas Blvd

Suite, Apt. #, etc.

120

City & State

Fort Lauderdale, FL

Zip

33304

Country

US

3. Mailing Office Address

515 E Las Olas Blvd

Suite, Apt. #, etc.

120

City & State

Fort Lauderdale, FL

Zip

33301

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/22/1991

5. FEI Number

650309540

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Matthew Dwyer

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

515 E Las Olas Blvd

Suite, Apt. #, etc.

120

City

Fort Lauderdale

State

FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date 01/22/2015

15 JAN 23 AM 8:59
TALLAHASSEE
FLORIDA

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
DPST	Matthew Dwyer	515 E Las Olas Blvd, Suite 120	Fort Lauderdale, FL 33301
REINSTATEMENT			
2014			

10. E-mail Address: w2572002@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Matthew Dwyer, President

01/22/2015

954-623-3209

Date

Daytime Phone #