

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

15 APR 15 AM 8:07

DOCUMENT # S68597

1. Corporation Name

**Baron Capital Enterprise, Inc.**

SECRETARY OF STATE  
FLORIDA  
**FILING CANCELLED  
RETURNED CHECK**

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

3. Mailing Office Address

515 E Las Olas Blvd

515 E Las Olas Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

120

120

City & State

City & State

Fort Lauderdale, FL

Fort Lauderdale, FL

Zip

Country

Zip

Country

33301

US

33301

US

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

CR2E081 (11/10)

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

200271828622  
04/15/15--01012--001 \*\*750.00

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

Date 04/14/2015

REGISTERED AGENT MUST SIGN

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, 120	Fort Lauderdale, FL 33301

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

04/14/15

954-823-3209

Date

Daytime Phone #