

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 30 PM 3:28

DOCUMENT # S68597

1. Corporation Name

Baron Capital Enterprise, Inc.

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

6810 N State Road 7

Suite, Apt. #, etc.

3. Mailing Office Address

6810 N State Road 7

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Coconut Creek, Florida

City & State

Coconut Creek, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

07/22/81

5. FEI Number

65-0309540

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)

6810 N State Road 7

Suite, Apt. #, Etc.

City

Coconut Creek

State

FL

Zip Code

33073

400280504704
12/31/15--01001--014 **750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

Date 12/30/15

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
PSTD	Matthew Dwyer	6810 N state Road 7	Coconut Creek, FL 33073
			S. HAWKES
			DEC 30 A.M.
			EXAMINER
REINSTATEMENT			

10. E-mail Address; matt@bcapent.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 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for disqualification has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, 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:

[Handwritten Signature]

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/15

954-623-3209

Date

Daytime Phone #