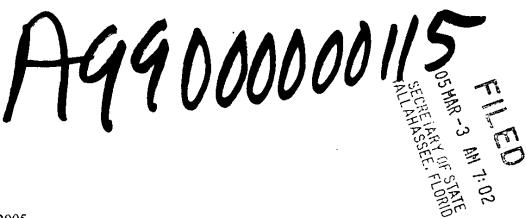
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSI REINSTATEM	TE ;	TALLAHAS	05 MAR -					
DOCUMENT 1. Name of Limited Party	$\prod n$	1 1	RY OF S					
Baron Mezza	//)/		STATE A	1: 02				
2. Principal Office Address 15855 Farmington Road		3. Mailing Office Address Same	3. Mailing Office Address Same		4. Date Formed or Registered To Do Business in Florida 01/07/1999			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number Applied For Not Applied For Not Applied For St. Applied For Appl			
City & State Livonia, Mi		City & State Same	•		CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
^{Zip} 48154	Country USA	z _{ip} Same	Country Same	7a. Capital Contributions as shown on Reco			to date:	
	8. Name and Address of	Current Registered Ager	nt·					
Registered Corporate Agents, Inc.				In 7b, with a	FEE:): Computed at a rate of minimum fling fee of \$5	\$7 per \$1,000	3 on amount entered naximum of \$437.50,	
Street Address (P.O. Box Number is Not Acceptable) 612 S. MLK Jr. AVe. Sulte, Apt. #, Etc.				for <u>each year</u> 2.) Supplementa with 1992 ca	for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.			
^{City} Clearwater	<u></u>	Zip Code 33456	Note: If the a	3.) Penalty Fee(s): \$500 penalty fee for <u>each year report form is definated.</u> Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a seperate and appropriate filling fee.				
Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.								
SIGNATURE (Registered Ac	gent Accepting Appointment)				DATE			
A GENERAL	PARTNER THAT I	IS A CORPORAT				BUSIN		
10. Name(s) of G	General Partner(s)		th General Partner Office Box Numbers)	City, State a	and Zip Code	10a.	Registration Document Number	
Baron Capital LXXXVII, Inc.		15855 Farmin	15855 Farmington Road		ivonia, MI 48154 P99000001491 400048399614 03/15/0501009006 **565.00			
REINSTATEMENT 2002-2005								
	_ <u>·</u> _							
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
Cornorations from a	that the information supplied with t any liability of non-compliance with it is true and occurate and that my the executed his report as required	th Section 1.19 07(3Vi) in the eve	ent that the information sup	oplied is deamed exempt fro	om public access, I further	r certify that th	ne information indicated	
eq this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or business empowered to exceede this upport as required by support as								
No pegor Printed Name of Saharal Partner Signing Form Robert A. Hardies Telephone Number (734) 261-4011								



February 1, 2005

Florida Department of State Division of Corporation PO Box 6237 Tallahassee, Fl 32314

RE: Baron Mezzanine Fund XXXVI, LTD

Doc # A9900000115

ATTN: Buck Kohr

Dear Buck,

Please be advised that an annual report was never received for the years 2002, 2003, 2004 on the above Corporation.

I have enclosed a check in the amount of \$ 565.00 this represents the years of 2002, 2003, 2004.

I am also requesting a Certificate of Status. Per our conversation the penalty fee will be waved.

Please find enclosed the application for reinstatement.

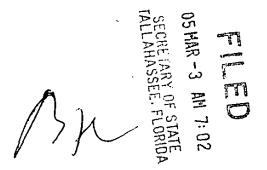
If you should have any questions, please contact me directly at (352) 688-8815.

Sincerely,

Donna Pilison Rydell



CRYSTAL S. HYNSON, President CHARLES G. HYNSON III, Vice President JOHN M. DONNIACUO, Director GINA M. PALUMBO, Director Telephone (727) 447-9546 Fax (727) 441-4935



The name and Florida Street address of the registered agent is: Registered Corporate Agents, Inc. 612 S. Martin Luther King Jr. Avenue Clearwater, Fl 33756

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature

ohn M. Donniacuo