PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2014 MAY 19 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KS

DOCUMENT # L04000093144

1. Limited Liability Company's Name
BARON, LLC

REINSTATEMENT 10-14

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2308 Linda Avenue	2308 Linda Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key West, Florida	City & State: Key West, Florida
Zip: 33040 Country: US	Zip: 33040 Country: US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/26/2003

6. FEI Number: 202255004 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Erica H. Sterling

Street Address (P.O. Box Number is Not Acceptable): 500 Fleming Street

Suite, Apt. #, Etc.:

City: Key West State: FL Zip Code: 33040

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05/20/14--01005--001 **823.7

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] Date: 5/19/14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	DOUGLAS CAPAS	2308 Linda Avenue	Key West, FL 33040

11. E-mail Address: erica@spottswood.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0112, F.S., and that all fees owed by the limited liability company have been paid. 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] Date: 5/19/14 Daytime Phone #: 305-797-5535

Typed or printed name of signing Authorized Representative/Manager:

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

RECEIVED
2014 MAY 19 PM 4:05
FLORIDA DEPARTMENT OF STATE
ACKNOWLEDGE
SUFFICIENCY OF FILING

BARON LLC

Reinstatement with name Change.
$193.75 Reinstate
$30.00 Amend

Signature

Requested by: Seth 05/16/14
Name Date Time

Walk-In _____ Will Pick Up _____

- ____ Art of Inc. File
- ____ LTD Partnership File
- ____ Foreign Corp. File
- ____ L.C. File
- ____ Fictitious Name File
- ____ Trade/Service Mark
- ____ Merger File
- ____ Art. of Amend. File
- ____ RA Resignation
- ____ Dissolution / Withdrawal
- X Annual Report / Reinstatement
- ____ Cert. Copy
- ____ Photo Copy
- ____ Certificate of Good Standing
- ____ Certificate of Status
- ____ Certificate of Fictitious Name
- ____ Corp Record Search
- ____ Officer Search
- ____ Fictitious Search
- ____ Fictitious Owner Search
- ____ Vehicle Search
- ____ Driving Record
- ____ UCC 1 or 3 File
- ____ UCC 11 Search
- ____ UCC 11 Retrieval
- ____ Courier

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