PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 22 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034888

1. Corporation Name

BARON TRADING SERVICES, INC.

000038820210
03/22/04--01014--002 **900.00

REINSTATEMENT 03-04

2. Principal Office Address	3. Mailing Office Address
90 JOHN ST	90 JOHN ST
Suite, Apt. #, etc. 6TH FLOOR	Suite, Apt. #, etc. 6TH FLOOR
City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10038 Country US	Zip 10038 Country US

4. Date Incorporated or Qualified To Do Business in Florida 05/10/1993

5. FEI Number 65-0406582 ☐ 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: NAIM M ULESIN

Street Address (P.O. Box Number is Not Acceptable): 3701 FAU BLVD.

Suite, Apt. #, Etc.: SUITE 210

City: BOCA RATON State: FL Zip Code: 33431

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 3/15/04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	ULESIN, NAIM M	90 JOHN ST, 6TH FLOOR	NEW YORK, NY 10038

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 3/15/04 212-702-0707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #