

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR -7 AM 7:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000034888

1. Corporation Name

Baron Trading Services, Inc

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

1402 Plaza Avenue

Suite, Apt. #, etc.

City & State

New Hyde Park, NY

Zip

11040

Country

US

3. Mailing Office Address

1402 Plaza Avenue

Suite, Apt. #, etc.

City & State

New Hyde Park, NY

Zip

11040

Country

US

500122546575

04/08/08--01015--014 **608.75

REINSTATEMENT 05-08

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 Uresin

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

Hillsboro Square

Suite, Apt. #, Etc.

Suite 2-2

City

Hillsboro Beach

State

FL

Zip Code

33062



The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 04/04/2008

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
PDS	Naim Uresin	1402 Plaza Avenue	New Hyde Park, NY 11040

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 contained in Chapter 119, 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:

Naim Uresin

04/04/2008

516-328-3403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #