

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 14 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000068023

1. Corporation Name

Baron Capital II, Inc.

2. Principal Office Address

3570 US Hwy 98 N

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33809

Country

USA

3. Mailing Office Address

3570 US Hwy 98 N

Suite, Apt. #, etc.

City & State

Lakeland FL

Zip

33809

Country

USA

**REINSTATEMENT 02-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

9/15/94

5. FEI Number

650523971

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

Barcap Realty Services Group, Inc.

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

3570 US Hwy 98 N

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

500038426685  
06/29/04--01064--001 \*\*10.00

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

J. Stephen Miller V.P.

Date

4-28-04

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
P	Jerome S. Rydell	3570 US Hwy 98 N	Lakeland FL 33809
V	J. Stephen Miller	3570 US Hwy 98 N	Lakeland FL 33809

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:

J. Stephen Miller  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-04 (863)853-2882

CR2E081 (01/04)