

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 Division of Corporations

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

98 MAR 12 PM 1:10

DOCUMENT # P94600086918

1. Corporation Name

Baron Capital III, INC.

Principal Place of Business

7826 Cooper Road
 Cincinnati OH 45242

Mailing Address

7826 Cooper Road
 Cincinnati, OH 45242

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7826 Cooper Road
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

7826 Cooper Road
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

11-30-94

5. FEI Number

59-3285266

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

City & State
 Cincinnati OH

Country
 USA

City & State
 Cincinnati OH

Country
 USA

Zip
 45242

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P.S.T.	Gregory K. McGrath	7826 Cooper Road	Cincinnati, OH 45242

REINSTATEMENT 97-98

OR 3-13

8. Name and Address of Current Registered Agent

Gregory K. McGrath
 28050 U.S. Highway 19 North
 Clearwater, FL 34621 301

9. Name and Address of New Registered Agent

Name

SAME

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

900002450969--0

Suite, Apt. #, Etc.

City

-03/17/98--01025--019

State
 ***300.PL

Zip Code
 ***300.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/9/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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: x

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/98
 Date

(513) 984-5001
 Daytime Phone #

CR2040 (12/96)