

2006 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

06 FEB 24 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000020674

1. Entity Name
BARON CAPITAL XVIII, INC.



Principal Place of Business
REGISTERED CORPORATE AGENTS, INC
612 S. MLK JR. AVE
CLEARWATER, FL 33756 US

Mailing Address
612 S. MLK JR. AVE
CLEARWATER, FL 33756 US

2. Principal Place of Business
109 W. COMMERCIAL ST.
Suite, Apt. #, etc.

3. Mailing Address
109 W. COMMERCIAL ST
Suite, Apt. #, etc.

City & State
SANFORD, FL

City & State
SANFORD FL

Zip
32771

Country
SEMINOLE

Zip
32771

Country
SEMINOLE

4. FEI Number
58-2237915

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONNIACUO, JOHN M
612 S. MLK JR. AVE
CLEARWATER, FL 33756

7. Name and Address of New Registered Agent

Name
BARCAP REALTY SERVICES GROUP, INC

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

109 W. COMMERCIAL ST.

City
SANFORD

FL

Zip Code
32771

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE J. Miller V.P.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-23-06

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HARDIES, ROBERT
15855 FARMINGTON ROAD
LIVONIA, MI 48154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
HARDIES, ROBERT
15855 FARMINGTON ROAD
LIVONIA, MI 48154 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
J. STEPHEN MILLER
109 W. COMMERCIAL ST
SANFORD, FL 32771 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100067378771
03/08/06--01008--020 **908.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

2-23-06
Date

407-688-7362
Daytime Phone #