

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 FEB 24 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000037630

1. Corporation Name

Baron Capital LIV, Inc

*\$450 overpayment*

2. Principal Office Address

Sigma Renaissance

3. Mailing Office Address

5312 Spring Hill Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Zip

34606

Country

USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

4/28/1997

5. FEI Number

58-2315117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

*BK*

7. Name and Address of Current Registered Agent

Name

Jerome S. Rydell

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

5312 Spring Hill Drive

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34606

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-14-04

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
<i>MDP/D</i>	Jerome Rydell	5312 Spring Hill, Drive	Spring Hill, FL34606

**REINSTATEMENT 2003-2004**

*MC*

700029295147  
02/24/04--01017--003 \*\*758.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

1-14-04

Daytime Phone #

CR2E081 (10/02)

**P97000037630**

**SIGMA RENAISSANCE  
5312 SPRING HILL DRIVE  
SPRING HILL, FL 34606**

(2)

Florida Department of State  
Division of Corporation  
PO Box 6237  
Tallahassee, FL 32314

RE: P97000037630  
Baron Capital LIV, Inc.

*JK*

To Whom It May Concern:

Please be advised that an annual report was never received for the year 2003 on the above corporation.

I am enclosing a check in the amount of \$758.75 it is my understanding that since we did not receive the 2003 annual report. The corporation fee of \$600.00 will be waved.

I am requesting that the corporation be reinstated and a certificate be issued for this corporation.

With this taking place the total amount for reinstatement will be \$308.75.

I am also requesting a refund of \$591.25. The original amount for reinstatement was \$900.00.

Please find enclosed the application for corporation reinstatement.

If you should have any questions, please contact me directly at (352) 688-8815

Sincerely,

  
Jerome S. Rydell

*\$ 450 overpayment*