

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 24 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1

450
overpayment

DOCUMENT # P97000037661

1. Corporation Name

Baron Capital LVI, INC

2. Principal Office Address

Sigma Renaissance

Suite, Apt. #, etc.

3. Mailing Office Address

5312 Spring Hill Drive

Suite, Apt. #, etc.

City & State

Spring Hill FL

City & State

Same

Zip

34606

Country

USA

Zip

Same

Country

Same

4. Date Incorporated or Qualified
To Do Business in Florida

4/28/1997

5. FEI Number

58-2320003

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

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]

Date 2-4-04

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/D	Jerome S. Rydell	5312 Spring Hill Dr	
		Spring Hill, FL 34606	
	REINSTATEMENT	2003-2004	400029295094
		BK	02/24/04--01017--002 **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]

Jerome S
Rydell

2-4-04

Date

352-688-8815

Daytime Phone #

CR2E081 (10/02)

P97000037661

SIGMA RENAISSANCE
5312 SPRING HILL DRIVE
SPRING HILL, FL 34606

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(2)

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

RE: P97000037661
Baron Capital LVI, Inc.

BK

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

450.00
overpayment