PLEASE READ ALL INSTRUCTIONS CAREFULLY

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000043529

1. Corporation Name
BARONESS HOLDINGS, INC.

2. Principal Office Address	3. Mailing Office Address
	3905 CARSON AVENUE
Suite, Apt. #, etc.: 2500 S.W. 56TH AVENUE	Suite, Apt. #, etc.:
City & State: HOLLYWOOD	City & State: COOPER CITY
Zip: 33023 Country: USA	Zip: 33026 Country: U.S.A.

REINSTATEMENT 09-0C

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 65-0841537 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CHARLES S. SERFATY, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 4330 SHERIDAN STREET
Suite, Apt. #, Etc.: 202-B
City: HOLLYWOOD State: FL Zip Code: 33021

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: Charles S. Serfaty — Date: 11/7/2000
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
PSTD	ALAN SERFATY	3905 CARSON AVE.	COOPER CITY, FL 33026

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*****300.00 *****300.00

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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: X [signature] — 11/7/2000 (Date) — 954-985-1660 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR