1 of 1

FILED
04 AUG 27 AM 8:43
VISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000054340

REINSTATEMENT 03-04

1. Corporation Name
BARON'S AFRICAN ENTERPRISES INC.

C/O 2 SOUTH UNIVERSITY DRIVE

900040065179
08/10/04--01089--002 **300.00

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 1401	C/O 2 SOUTH UNIVERSITY DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 215
City & State WATER MILL, NY	City & State PLANTATION, FL
Zip 11976 Country USA	Zip 33324 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/1/98

5. FEI Number 65-0843307 — 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
BRIAN LYNN, CPA

Street Address (P.O. Box Number is Not Acceptable)
2 SOUTH UNIVERSITY DRIVE

Suite, Apt. #, Etc.
SUITE 215

City PLANTATION | State FL | Zip Code 33324

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 Brian Lynn Date 8/25/04
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
P	BARON, SUSAN E.	C/O 2 S UNIVERSITY DR., STE 215	PLANTATION, FL 33324
VP	BARON, MARK	C/O 2 S UNIVERSITY DR., STE 215	PLANTATION, FL 33324

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: Susan Baron pres. 3 Aug 04 6315378380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brian Lynn, C.P.A., P.A.
Certified Public Accountant

Two South University Drive, Suite 215
Plantation, Florida 33324
Broward: (954) 474-1111
Dade: (305) 940-1878

E-Mail: ex-irs-cpa@mindspring.com
National Watts Line: (800) 330-2933
Fax Transmission: (954) 474-5373

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August 6, 2004

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Baron's African-Enterprises, Inc.
Document # P98000054340

CERTIFIED #7003 1010 0001 6472 6686

To Whom It May Concern:

Please be advised I am the registered agent for the above referenced corporation. Enclosed you will find State of Florida Corporation Reinstatement Form. Also enclosed is the clients's check number 1834 in the amount of $300.00 to reinstate this corporation.

In the year 2002, the address of the corporation changed, the mail was not forwarded and the principals did not receive the Uniform Business Report for filing.

We respectfully request that the company be reinstated and the State of Florida accept the $300.00 reinstatement fee, abating all penalties based on the fact that the forms were never received.

Thank you for your consideration.

Sincerely,

Brian Lynn, CPA, PA

BL:ams
Enclosures