

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 JUN -3 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 477185

1. Corporation Name

MYRTLE ISLAND RANCH, INC.

2. Principal Office Address

5001 SW Rucks Dairy Road

3. Mailing Office Address

5001 SW Rucks Dairy Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

Zip

34974

Country

US

Zip

34974

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/20/1985

5. FEI Number

59-1446845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 02-03

**7. Name and Address of Current Registered Agent**

Name

Roy E. Pearce

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

5001 SW Rucks Dairy Road

Suite, Apt. #, Etc.

City

Okeechobee

State  
FL

Zip Code

34974

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

*Roy E. Pearce*

Date 5/28/03

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
|--------|--------------------------------------|---|----------------------|
| PD     | Roy E. Pearce                        | 1122 S.W. 15th Street                             | Okeechobee, FL 34974 |
| VD     | Earl D. Pearce                       | 5001 S.W. Rucks Dairy Rd.                         | Okeechobee, FL 34974 |
| SD     | Margaret P. Stratton                 | 2151 S.W. 28th Avenue                             | Okeechobee, FL 34974 |
|        |                                      |   |                      |
|        |                                      |   |                      |
|        |                                      |   |                      |

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:

*Roy E. Pearce* President  
*Earl D. Pearce*, Vice President

2625/03

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)