

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 15 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **SO6251**

1. Corporation Name

DAVIE BAR RANCH, INC.

W99-21123

Principal Place of Business

Mailing Address

2083 N.E. 160TH STREET
N. MIAMI BEACH, FL 33162

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 94-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida		10/16/90		SP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number		Applied For		Not Applicable	
City & State		City & State		65-0228377					
Zip	Country	Zip	Country	8. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$875 Additional Fee required for a Certificate of Status.			

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	PETE SANTI, JR	2083 N.E. 160TH ST.	N. MIAMI BEACH, FL 33162

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-12/02/99--01062--030
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PETE SANTI, JR 2083 N.E. 160TH ST. N. MIAMI BEACH, FL 33162		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL
		Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Pete Santi, Jr.* Date: 11/10/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: *Pete Santi, Jr.* 11/10/99 Date 305-949-7315 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E061 (12/98)