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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 263874

1. Corporation Name

RANCH HOUSE OF ORANGE-BREVARD INC

Principal Place of Business

2180 PARK AVENUE N.
SUITE 204
WINTER PARK FL 32789

Mailing Address

2180 PARK AVENUE N.
SUITE 204
WINTER PARK FL 32789

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

10/23/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1004681

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 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
PD	THOMAS, THEODOVA Y.	2180 PARK AVE. N. # 204	WINTER PARK FL
VPD	YIANILOS, KATHERINE A.	2180 PARK AVE. N. # 204	WINTER PARK FL
STD	YIANILOS, DEAN C.	2180 PARK AVE. N. #204	WINTER PARK FL
			200002168822--9 -05/07/97--01004--003 ***165.00 ***165.00
			JB 5-1-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YIANILOS, DEAN C.
2180 PARK AVENUE N.
SUITE 204
WINTER PARK FL 32789

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

Date

4-28-97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐(See other side for information
on intangible tax.)

12. I certify that I am an officer, 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)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN C YIANILOS

Date

Daytime Phone #