

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FOR INFORMATION

FILED  
SECRETARY OF STATE

20 SEP 29 AM 11:03

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 320853

1. Corporation Name

Rafter J Ranch, Inc.

2. Principal Office Address - No P.O. Box #

3636 E CR 466

3. Mailing Office Address

3636 E CR 466

State, Apt. #, etc.

State, Apt. #, etc.

City & State

Oxford, FL

City & State

Oxford, FL

Zip

34484

Country

Zip

34484

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/15/1971

5. FEI Number

59-1531977

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

Hurley L. Nichols

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

3636 E CR 466

State, Apt. #, Etc.

City

Oxford

State

FL

Zip Code

34484

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:

REGISTERED AGENT MUST SIGN

Date

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	Hurley L. Nichols	3636 E CR 466	Oxford, FL 34484

1988-2020

10/14/20  
dec

10 E-mail Address: yvette.hobkirk@thevillages.com

(To be used for future annual report notification)

11 I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

*[Signature]* and RA 7/14/20

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #