PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 07 APR-6 PH 2: 14 AND REPART OF STATE	
DOCUMENT # 381769			LLAHASSEE, FLORIDA	
	UTO RANCHING.			
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	TRFIN	ISTATEMENT 03-0	
72 West Jersey STROUT R.Q. Box 568591			CR2E081 (1/07)	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5.4255. (5.)	
ł			orated or Qualified ress in Florida no over 1	
City & State	City & State	5. FEI Number	11/97 / / 7//	
ORLANDO FLORÍ DA Zip Country	OPLANDO FLORIDA	5913		
32806 UNITED STATES	32856-859 ClniTev STA	6	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			1	
JOSEPH A. MARTINSON III			nstatement fee is imposed, except in	
Street Address (P.O. Box Number is Not Acceptable)			stances which the entity did not receive	
72 WEST JERSEY STREET			the prior notices. By checking this box, you are certifying the prior notices were not	
Suite, Apt. #, Etc.		received and requesting the reinstatement fee be waived.		
ORLANDO State 32806		tee be	waived.	
8. I, being appointed the registered agent of the abo	ve named corporation, am familiar with and accept the	obligations of section	on 607.0505 or 617.0503, F.S.	
Signature of Registered Agent Colon Office	Mortansae 5	m_	Date 4-4-2007	
		la nat 3 disastora)		
Nome of	d/or Director (Florida nonprofit corporations must list at Street Address of Eac			
Titles Officers and/or Directors			City / State / Zip	
President Joseph A.M.	PARTINSON 72 WEST	Jersey	STREET FLORIDE	
			0097313927	
		04/18/	70701023004 **758.75	
 		 		
 				
<u> </u>	·····	 		
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 contained in Chapter 119, 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: SIG				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				

20 4/10