2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 407597 1. Entity Name DON DEE RANCH, INC.										FILE R 28 A	11 9: 21	
Principal Place of Business 5824 BEE RIDGE RD STE 236 SARASOTA, FL 34233 US			Mailing Address 5824 BEE RIDGE RD STE 236 SARASOTA, FL 34233 US			<u> </u>				455cE.	44 G1G11 G1B(4 B1S	
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					03152006	REIN-P	CR2E0	98 (11/05)	15-06
City & State			City & State					4. FEI Number 59-1539	•		' Ap	plied For t Applicable
Zip	Country			ip	Coun	untry 5		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current F				egistered Agent			7. Name and Address of New Registered Agent Name					
DEPAOLA, JASON M 1205 MANATEEE AVE. WEST BRADENTON, FL 34205							Street Address (P.O. Box Number is Not Acceptable)					
						City	FL Zip Code				9	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.												
SIGNATURE												
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.												
10.	Lpp	OFFICERS AND						ADDITIONS/0	CHANGES TO OF	FICERS AND		
NAME STREET ADDRESS CITY-ST-Z#P	2600 VEF	GERALD M JR RNA RD. CITY, FL 34251		☐ Delete				9 04/0	1 0006 : 15/0601(9550 04202	□ Change] 7 5 5 1 **3(Addition
NAME STREET ADDRESS CITY-ST-ZIP	STD BROWN, 2600 VEF			Delete			2600	T D. BROWN VERNA ROAD KKA CETY, FL	34251		Сћапде	Addition
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TITLE NAME SIREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	☐ Delete							☐ Change	Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Objective Proce I												