

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 OCT 22 AM 8:18

DOCUMENT # 695924

1. Corporation Name EL MAR TROPIC RANCH, INC.  
4560 El Mar Drive  
Lauderdale by the Sea, FL. 33308

2. Principal Office Address  
4560 El Mar Drive

3. Mailing Office Address  
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lauderdale by the Sea, FL

Zip

Country

Zip

Country

33308

Broward

**REINSTATEMENT** 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida 7/23/81

5. FEI Number  
592110216

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

JOSEPH P. MULLEN, ESQUIRE

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

2929 E. COMMERCIAL BLVD.

Suite, Apt. #, Etc.

PH-C

City

Fort Lauderdale

State  
FL

Zip Code  
33308

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

Joseph P. Mullen  
REGISTERED AGENT MUST SIGN

Date 10/21/04

**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
PD	RUTH DOUGHERTY	4875 Sherburn Lane, Unit 1-Lerburn Lane, Unit	Louisville, KY 40207
VPD	JOHN NICHOLS	124 Briarcliff Drive St. Charles, MO. 63301	St. Charles, MO 63301
TD	RALPH MILLER	288 Eastford Road	Southbridge, MA 01550
SD	JOHN J. TODD	6689 Argenta Trail W.	Inver Grove Heights, MN 55077
D	JOHN BRIAN	8 Woodmont Drive	Lawrenceville, N.J. 08548

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 under section 119.07(3)(f), 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:

John J. Todd  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John J. Todd October 21, 2004 (954) 772-3910  
Secretary

Date

Daytime Phone #

CR2081 (01/04)

10/26/04