

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JUL 14 PM 12:09

CLERK OF THE COURT
ALLAHAMMAD, FLORIDA

DOCUMENT # **F01000004068**

1. Corporation Name

CLOUD'S EDGE RANCH, INC.

2. Principal Office Address

3910 N.W. 4TH COURT

Suite, Apt. #, etc.

3. Mailing Office Address

3910 N.W. 4TH COURT

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33431

Country

U.S.A.

Zip

33431

Country

U.S.A.

RENEWED
Qualifies for Qualified Will
to Do Business in Florida

1996

5. FEI Number

59-3410583

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

KAREN PADYJASEK

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

3910 N.W. 4TH COURT

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

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

Karen Padyjasek
REGISTERED AGENT MUST SIGN

Date

7/12/05

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
P, S, T	KAREN PADYJASEK	3910 N.W. 4TH COURT	BOCA RATON, FL 33431

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)(i), 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:

Karen Padyjasek / **KAREN PADYJASEK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/12/05

Daytime Phone #

CR2E081 (01/05)

20f2

July 12, 2005

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Subject: **CLOUD'S EDGE RANCH, INC.**

Reference Number: F01000004068

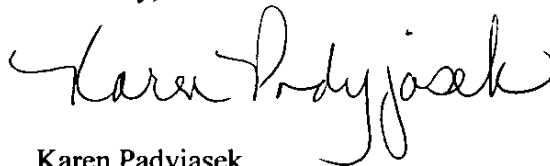
To Whom It May Concern:

On May 25, 2005, I had submitted my annual report and a check for \$550.00 (which was validated). However, the company has not been reinstated. Enclosed is the reinstatement form for Cloud's Edge Ranch, Inc. and a check in the amount of \$50.00.

Because I did not receive a notice to file, please waive the reinstatement fee.

Thank you for your cooperation.

Sincerely,

A handwritten signature in cursive script, reading "Karen Padyjasek".

Karen Padyjasek
President