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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94269

1. Corporation Name
LEE RANCH, INC.

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
c/o C. David Lee	c/o C. David Lee
Suite, Apt. #, etc. 6235 Lake Charm Circle	Suite, Apt. #, etc. 6235 Lake Charm Circle
City & State Oviedo	City & State Oviedo
Zip FL / Country 32765	Zip FL / Country 32765

4. Date Incorporated or Qualified To Do Business in Florida 08/11/1982

5. FEI Number 592206986 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ ($6.25 Additional Fee)

7. Name and Address of Current Registered Agent

Name: LEE, C. DAVID

Street Address (P.O. Box Number is Not Acceptable): 6235 Lake Charm Circle

Suite, Apt. #, Etc.:

City: Oviedo — State: FL — Zip Code: 32765

8. I, being appointed the registered agent at the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: C. David Lee — Date: 7/28/03
REGISTERED AGENT MUST SIGN

CR2E031 (01/01)

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
DV	LEE, ROBERT E., JR.	3700 CURRYVILLE ROAD	CHULUOTA, FL
D	LEE, JOHN B.	1685 VAN ARSDALE STREET	OVIEDO, FL
DST	LEE, C. DAVID	6235 LAKE CHARM CIRCLE	OVIEDO, FL
DP	LEE, RICHARD H.	1055 BRUMLEY ROAD	CHULUOTA, FL
D	JARVIE, PATRICIA L.	3685 SUSSEX CT	MILLEDGEVILLE, GA

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.

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SIGNATURE: C. David Lee — 7/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

LEE RANCH, INC.

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