

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

DOCUMENT # G22483

1. Corporation Name

M & M RANCH, INC

2. Principal Office Address

333 ARAGON AVE

3. Mailing Office Address

333 ARAGON AVE

Suite, Apt. #, etc.

APT 507

Suite, Apt. #, etc.

APT 507

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip

33134-5069

Country

USA

Zip

33134-5069

Country

USA

900031759909

04/05/04--01003--011 **908.75

4. Date Incorporated or Qualified

To Do Business in Florida 01/25/83

5. FEI Number

59-2255291

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

ISRAEL BAEZ

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

333 ARAGON AVE

Suite, Apt. #, Etc.

APT 507

City

CORAL GABLES

State

FL

Zip Code

33134-5069

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

Israel Baez

REGISTERED AGENT MUST SIGN

Date 3/29/04

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/T	ISRAEL BAEZ, SR	333 ARAGON AVE, #507	CORAL GABLES / FL / 33134-5069
VP/S	EDILIA BAEZ, SR	333 ARAGON AVE, #507	CORAL GABLES / FL / 33134-5069
VP	ESTATE OF ISRAEL BAEZ, JR.	333 ARAGON AVE, #507	CORAL GABLES / FL / 33134-5069

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:

Israel Baez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/29/04

Date

305-4602540

Daytime Phone #

CRE001 (01/04)

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