

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 OCT 14 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G36468**

1. Corporation Name

L.F. BAR Ranch, Inc

2. Principal Office Address - No P.O. Box #

5087 Junedale Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Cocoa

City & State

Fl.

Zip

32926

Country

Zip

Country

REINSTATEMENT

CR2E081 (10/08)

05-08

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2285852

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

L.L. Fleckinger SR.

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

5087 Junedale Drive

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32926

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-9-08**

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
Pres	L.L. Fleckinger SR.	5087 Junedale Dr	Cocoa, Fl. 32926
Vice Pres / Sec. TREAS	IRAN Fleckinger	5087 Junedale Dr.	Cocoa, Fl. 32926

100136898551
10/14/08--01023--016 **600.00

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 contained in Chapter 119, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-9-08

Date

321-633-5624

Daytime Phone #

10/14/08