

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G73584

1. Corporation Name

VALLEY CREST RANCHES, INC.

Principal Place of Business

Mailing Address

12472 N.E. 7TH AVE
P.O. BOX 961 (HALLANDALE-33009)
N. MIAMI FL 33161

12472 N.E. 7TH AVE
P.O. BOX 961 (HALLANDALE-33009)
N. MIAMI FL 33161

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1983

5. FEI Number

59-2069136

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	LINN, STEVEN	P. O. BOX 680728 N/A	MIAMI FL
PD	LINN, STEVE	12472 NE 7TH AVE	NO. MIAMI FL
			600002544616--6 -06/02/98--01063--033 ****750.00 ****750.00
			REINSTATEMENT 97-98
			<i>A. Alan</i>
			5/22/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LINN, STEVE
12472 N.E. 7TH AVE
N. MIAMI FL 33161

Name

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

600002544616--6

Suite, Apt. #, Etc.

-06/02/98--01063--032

City

******158.75 ****158.75**

State Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Steve Linn
REGISTERED AGENT MUST SIGN

Date

4/29/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

Steve Linn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/98

305.895-6617

CR20040 (8/97)