

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 21 AM 9:59

DOCUMENT # H00211

1. Corporation Name

EL RANCH OF DAVIE, INC.

Principal Place of Business

C/O LLOYD GENSEMER
5451 S.W. 106TH AVENUE
COOPER CITY FL 33328

Mailing Address

C/O LLOYD GENSEMER
5451 S.W. 106TH AVENUE
COOPER CITY FL 33328

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/23/1984

5. FEI Number

59-2409762

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	4 City / State / Zip
STD	GENSEMER, LLOYD	5451 S.W. 106TH AVENUE	COOPER CITY FL

8000003032138--6
-11/02/99--01044--013
****150.00 ****150.00

8. Name and Address of Current Registered Agent

GENSEMER, LLOYD
5451 S.W. 106TH AVENUE
COOPER CITY FL 33328

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/14-'99

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LLOYD GENSEMER

Date

10/14/99

Daytime Phone #

954-434-3450

October 14, 1999

Florida Dept. of State
Tallahassee, Fla.

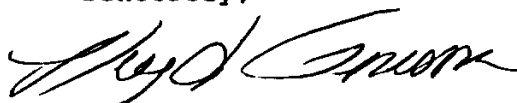
Dear Sir or Ms.

I received your notice of revocation and was very upset. For 16 years I have always paid on time, when my partner was alive, and now that I alone.

Neither my accountant nor I remember receiving a statement and feel it must have been missent in the mail.

I would like to be reinstated and enclose my payment for \$150.00. I am hoping it will be received with your kind understanding.

Sincerely,

A handwritten signature in cursive script, appearing to read "Lloyd Gensemer".

Lloyd Gensemer