

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

97 AUG 20 PM 2:28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # J92379

1. Corporation Name

B. S. Ranch Inc

Principal Place of Business

PO Box 4184
ST Augustine FL
32085

Mailing Address

2425 Deerwood Lane
Lot M
ST Augustine FL
32085

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

2. New Principal Office Address, If Applicable

PO Box 4184

3. New Mailing Office Address, If Applicable

2425 Deerwood Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lot M

4. Date Incorporated or Qualified To Do Business in Florida

9/14/1987

5. FEI Number

59-2486387

Applied For

Not Applicable

City & State

ST Augustine FL

City & State

ST Augustine FL

Zip

32085

Country

ST Johns

Zip

32085

Country

ST Johns

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
Pres Director	Joe Bonafede	2425 Deerwood Lane Lot M	ST Augustine FL 32085

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-08/21/97--01117--005
***1410.00 ***1410.00

8. Name and Address of Current Registered Agent

Antoinette Bonafede
3070 County Road 214 Lot C
ST Augustine FL
32084

9. Name and Address of New Registered Agent

Name: Joe Bonafede
Street Address (P.O. Box Number is Not Acceptable): 2425 Deerwood Lane
Suite, Apt. #, Etc.: Lot M
City: ST Augustine
State: FL Zip Code: 32085

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

Joe Bonafede (Pres)
REGISTERED AGENT MUST SIGN

Date

8/18/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Joe Bonafede (Pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/18/97
Date

904-825-4659
Daytime Phone #

CR2E040 (1/2/96)