

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAY 31 PM 2:44

DOCUMENT #

1. Corporation Name
B.S. RANCH, INC.

J92379

REINSTATEMENT 98-05
500055532715
05/31/05--01066--008 **1800.00

2. Principal Office Address
340 Bonafede Lane

3. Mailing Office Address
340 Bonafede Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Saint Augustine

City & State
Saint Augustine

Zip Country
32084 USA

Zip Country
32084 USA

4. Date Incorporated or Qualified
To Do Business in Florida 09/14/1987

5. FEI Number
592986387

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
Joe Bonafede

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

Suite, Apt. #, Etc.

City
Saint Augustine

State Zip Code
FL 32084

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 Joe Bonafede
REGISTERED AGENT MUST SIGN

Date 05/10/2005

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	Joe Bonafede	340 Bonafede Lane	Saint Augustine, Florida 32084

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:

Joe Bonafede

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/10/2005

Date

(904) 823-1312

Daytime Phone #