PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 JUN 15 MID: 17
DOCUMENT # L4130 1. Corporation Name Fiddlers (Of FLORI)	GREEN RANCH DA, FNC.	La de la companya de
2. Principal Office Address 42725 W. ALTeura Ro Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 1/10/1990
City & State ALTOONA, FL Zip Country USA	POMONA NY Zip 10970 Country USA	5. FEI Number Applied For Not Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name	7. Name and Address of Current Registe	red Agent
Street Address (P.O. Box Number is No. 42 72 Suite, Apt. #, Etc.	5 WIALTOONA	State Zip Code FL 32702
Signature of Registered Agent RE	we named comporation, am familiar with and accept the composition and accept the comp	Date 6/14/06
Titles Name and Street Addresses of Each Officer and Name of Officers and/or Directors	d/or Director (Fiorida nonprofit corporations must list at le Street Address of Eac Officer and/or Directo	h City/State/7in
	ENAMA 42725 W. ALTOON	
		300076428353 06/21/0601016009 **1358.75
this reinstatement application, the reason for dissowed by the corporation have been paid and the on this application is true and accurate, and my solution is true and accurate.	solution has been eliminated, the corporate name satisfie	provided for in chapter 607 or 617, F.S. I further certify that when filing as the requirements of section 607.0401 or 617.0401, F.S., that all fees r an exemption contained in Chapter 119, F.S. The information indicated ler oath. C/14/06 3525169635 Date Date

- 1410-ball IIIM 1 6 2006



To: FLORIDA	Dept of STA	te

FROM: Jim BARNAND

DATE: 6/14/06

Door Sin/Madam

Message: my iddlees e dos you 950-600) 8 15 Reeded <u>25</u>

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