

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 AUG 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00000002220

1. Corporation Name

Shiloh Ranch, Inc.
216 GRAHAM AVE
OWIECO FLA. 32765

2. Principal Office Address - No P.O. Box #

216 Graham
Suite, Apt. #, etc. 1015 Meade Rd

3. Mailing Office Address

1015 Meade Rd
Suite, Apt. #, etc.

City & State

Geneva FL 32732

Zip 32732 Country Seminole

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Geneva FL 32732

Zip 32732 Country Seminole

CR2E081 (1/07)

**4. Date Incorporated or Qualified
To Do Business In Florida**

2003

5. FEI Number

45-0571168

☒ 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

Cindy Cook

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

1015 Meade Rd

Suite, Apt. #, Etc.

City Geneva

State FL

Zip Code 32732

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Cindy Cook

REGISTERED AGENT MUST SIGN

Date 8-26-07

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
<u>PST</u>	<u>Cindy Cook</u>	<u>1015 Meade Rd</u>	<u>Geneva FL 32732</u>

000109932980
08/30/07--01035--009 **\$53.75

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 contained in Chapter 119, 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:

Cindy Cook Cindy Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-
8-26-07 782-2706