216 GRAHAM AVE OVIEDO FL 32765  OVIEDO FL 32765  OVIEDO FL 32765  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  O3/30/2000  Suite, Apt. #, etc.  N/A  City & State  City & State  City & State	PLEASE READ A	ALL INSTRUCTIONS	BEFORE CO	MPLETII	NG THIS FORM	1.	
SHILOH RANCH, INC.  WILDOW 2507 4  Principal Place of Business 216 GRAHMA AVE OVEDO FI. 32785  216 GRAHMA AVE OVEDO FI. 32785  218 GRAHMA AVE OVEDO FI. 32785  219 GRAHMA AVE OVEDO FI. 32785  210 GRAHMA AVE OVEDO FI. 32785  211 GRAHMA AVE OVEDO FI. 32785  212 GRAHMA AVE OVEDO FI. 32785  213 GRAHMA AVE OVEDO FI. 32785  214 GRAHMA AVE OVEDO FI. 32785  215 GRAHMA AVE OVEDO FI. 32785  216 GRAHMA AVE OVEDO FI. 32785  217 GRAHMA AVE OVEDO FI. 32785  218 GRAHMA AVE OVEDO FI. 32785  219 GRAHMA AVE OVEDO FI. 32785  210 GRAHMA AVE OVEDO FI. 32785	FOR	Katherine Ha Secretary of S	rris tate				
Principal Place of Business  216 GRAHAM AVE OVIEDO FL 32765  218 GRAHAM AVE OVIEDO FL 32765  21 Above addresses are incorrect in any way, line through incorrect information and enter correction below.  2 New Principal Office Address, If Applicable  3 New Mailing Office Address, If Applicable  3 New Mailing Office Address, If Applicable  4 Date Incorporated or Qualified To Do Business in Florida  2 New Principal Office Address, If Applicable  5 FEI Number  City & State  City & State  City & State  City & State  Country  7 Available of Shates  Certificate of Shates  Certificate of Shates  Certificate of Shates  City / State / Zup  Certificate of Shates  City / State / Zup  Conductor Director  3 Street Address of Each Officer and/or Director (Florida nonpolit corporations must list at least 3 directors)  Title(e) 2 Names and Street Addresses of Each Officer and/or Director (Florida nonpolit corporations must list at least 3 directors)  Title(e) 2 Names of Officers 3 Street Address of Each Officer and/or Director  Officer and/or Director  Certificate of Shates  City / State / Zup  Conductor Director  City / State / Zup  Conductor Director  City / State / Zup  Conductor Director  Names  8. Name and Address of New Registered Agent  Names  COOK, CINDY L  216 GRAHAM AVE  OVIEDO FLA 32765  City State / Zup Code  FLE Zup Code  FLE Zup Code  FLE Zup Code  FLE Zup Code	DOCUMENT # N0000002220			4			
Principal Place of Business  216 GRAHAM AVE OVIEDO FL 32765  218 GRAHAM AVE OVIEDO FL 32765  21 Above addresses are incorrect in any way, line through incorrect information and enter correction below.  2 New Principal Office Address, If Applicable  3 New Mailing Office Address, If Applicable  3 New Mailing Office Address, If Applicable  4 Date Incorporated or Qualified To Do Business in Florida  2 New Principal Office Address, If Applicable  5 FEI Number  City & State  City & State  City & State  City & State  Country  7 Available of Shates  Certificate of Shates  Certificate of Shates  Certificate of Shates  City / State / Zup  Certificate of Shates  City / State / Zup  Conductor Director  3 Street Address of Each Officer and/or Director (Florida nonpolit corporations must list at least 3 directors)  Title(e) 2 Names and Street Addresses of Each Officer and/or Director (Florida nonpolit corporations must list at least 3 directors)  Title(e) 2 Names of Officers 3 Street Address of Each Officer and/or Director  Officer and/or Director  Certificate of Shates  City / State / Zup  Conductor Director  City / State / Zup  Conductor Director  City / State / Zup  Conductor Director  Names  8. Name and Address of New Registered Agent  Names  COOK, CINDY L  216 GRAHAM AVE  OVIEDO FLA 32765  City State / Zup Code  FLE Zup Code  FLE Zup Code  FLE Zup Code  FLE Zup Code	t i			SECRETARY OF STATE			
216 GRAHAM AVE OVEDO FL 32765  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Malling Office Address, if Applicable  3. New Malling Office Address, if Applicable  4. Date Incorporated or Qualified  To be Business in Florida  3/30/2000  Suite, Apt. 4, etc.  N/A  Suite, Apt. 4, etc.  N/A  City & State  City State  City State  City State  City State  City / State / Zip  Country  CERTIFICATE OF STATUS DESIRED  City / State / Zip  Street Address of Canham Ave  City / State / Zip	SHILOH RANCH, INC.				HALLANA ACEL	HLORIDA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  City & State  Country  C	Principal Place of Business Mailing Address				Alin Ausil 40161 West 40119 Auss A	#118 138:0 11818 E1812 #811 1881	
If above addresses are incorrect in any way, fine through incorrect information and enter correction below.  2. New Principal Office Address, If Applicable  3. New Maling Office Address, If Applicable  3. New Maling Office Address, If Applicable  4. Date Incorporated or Qualified To Do Business in Florida  To Do Business in Florida  03/30/2000  5. FEI Hymber  City & State  Country  Zip  Zip  Country  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi							
2. New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable  3. New Mailing Office Address, If Applicable  5. Suite, Apt. #, etc.  N/A  City & State  City & State  City & State  Zip  Country  Zip  Country  Country				***************************************	e de la companya de La companya de la co	07-07	
Suite, Apt. 4, etc.  N/A  City & State  City & State  Country  Zp  Country  Street Address of Each Officers and/or Director  A 327 GA  City / State / Zip  Country  Zl G GRAHAM AVE  OVED F(A 327 GA  Country  Zl G GRAHAM AVE  OVED F(A 327 GA  Country  Street Address of New Registered Agent  Name  COOK, CINDY L  216 GRAHAM AVE  OVED F(A 327 GA  Country  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  State  Zip Code  FL  Zip Code  City  State  Zip Code  FL  Zip Code							
City & State  Country  Certificate of Status Desired  Rot Applicable  To rectificate of Status  Rot Applicable  Rot Applicable  Rot Applicable  Rot Applicable  Certificate of Status  Rot Applicable  Rot App	the state of the s			03/30/2000			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers  Name of Officers  And/or Directors  Street Address of Each Officer and/or Director  City / State / Zip  City / Zip  C	City & State	City & State		. / .		<del></del>	
Rame of Officers and/or Directors  3 Street Address of Each Officer and/or Director  216 GRAHAIM AVE OVED FIA 32765  CINCLY COOK 216 GRAHAIM AVE OVIED FIA 32765  CINCLY COOK 216 GRAHAM AVE OVIED FIA 32765  8. Name and Address of Current Registered Agent  COOK, CINDY L 216 GRAHAM AVE  OVIED FIA 32765  Street Address of Each Officers and/or Director  4 City / State / Zip Code  FL Street Address of Each Officers and/or Director  4 City / State / Zip Code  City   State   Zip Code  City   State   Zip Code	Zip Country	Zip Countr	y = 6				
OVIED FL 32765  Cook, CINDY L 216 GRAHAM AVE OVIED FL 32765  Cook, CINDY L 216 GRAHAM AVE OVIED FL 32765	<del></del>	<del></del>		3 directors)			
Sectors Cindy Cook 216 GRAHAM AVE OVIED FLA 32765  RK Cindy Cook 216 GRAHAM AVE OVIED FLA 32765  8. Name and Address of Current Registered Agent Name  COOK, CINDY L 216 GRAHAM AVE OVIEDO FL 32765  Suite, Apt. W. Etc. 1171127 US - UTUST US - U	Title(S) and/or Directors				City / State / Zip		
R& Cindu Cook ZIG GRAHAM AVE OVILED FIA 32765  8. Name and Address of Current Registered Agent Name  COOK, CINDY L 216 GRAHAM AVE OVIEDO FL 32765  Suite, Apt. #, Etc. 10703703 01024 0002 ***  City State Zip Code  FL Zip Code	thes/ Cindy Cook 216 Ga		ZAHAIM t	AUE	001600	FLA 32765	
8. Name and Address of Current Registered Agent  COOK, CINDY L  216 GRAHAM AVE  OVIEDO FL 32765  Suite, Apt. #, Etc. 107/03/03 - 01024 - 002 ***61.25  City  State Zip Code	Sectors Cindy Cook	216-6	PAHAM!	AUE	OULED	FIA 3276	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  COOK, CINDY L  216 GRAHAM AVE  OVIEDO FL 32765  Suite, Apt. #, Etc.	TRE CINCU COOK	Zindy COOK ZIG GRAHAM			DUILED	C/A 32765	
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  COOK, CINDY L  216 GRAHAM AVE  OVIEDO FL 32765  Suite, Apt. #, Etc.			000023370796 09726/03-01096-008 **297.50				
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  COOK, CINDY L  216 GRAHAM AVE  OVIEDO FL 32765  Suite, Apt. #, Etc.		·		an 85-3	- 1- := 0-		
COOK, CINDY L 216 GRAHAM AVE OVIEDO FL 32765  City  Name  Street Address (P.O. Box Number is Not Acceptable)	DI-OS						
COOK, CINDY L 216 GRAHAM AVE  OVIEDO FL 32765  City  Street Address (P.O. Box Number is Not Acceptable)				). Name and Ad	ldress of New Registered	d Agent	
216 GRAHAM AVE  OVIEDO FL 32765  Suite, Apt. #, Etc. 10/03/03-01024-002 **61.25  City  State FL	COOK, CINDY L			Box Number is	Not Acceptable)		
City State Zip Code FL	216 GRAHAM AVE			0000023370790			
	10. I, being appointed the registered agent of the abov	re named corporation, am familiar wi	th and accept the obliga	ations of Section			
		and the second s		<u></u>	د سرسد.		

11.1 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

REGISTERED AGENT MUST SIGN