

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 AUG -1 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9300000 2547

**1. Corporation Name**

Our Family Ranch, Inc.

**2. Principal Office Address**

27991-Crosby Road

Suite, Apt. #, etc.

City & State

Myakka City, Florida

Zip

34251

Country

Manatee

**3. Mailing Office Address**

P.O. Box 2545

Suite, Apt. #, etc.

City & State

Oneco, Florida

Zip

34264

Country

Manatee

**REINSTATEMENT**

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

6/7/93

**5. FEI Number**

65-0415960

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

Mary Ann Dorics

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

P.O. Box 2545 27991-Crosby Road

Suite, Apt. #, Etc.

City

Oneco Myakka City

State  
FL

Zip Code

34264

SI

342

SI

MAN

**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

Mary Ann Dorics

REGISTERED AGENT MUST SIGN

Date 6/5/02

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| P      | Carol Lancaster                      | 2207-30th Ave. E.                                 | Bradenton, FL 34208   |
| NES    | Linda Dorics                         | 4704-1/2 Park Access Dr                           | Bradenton, FL 34205   |
| T      | Mary Ann Dorics                      | 27991-Crosby Rd.                                  | Myakka City, FL 34251 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

**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:

Mary Ann Dorics - Mary Ann Dorics

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/5/02 941-322-1123

Date

Daytime Phone #

CR2E081 (9/01)