

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUN -6 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002547

1. Corporation Name

Our Family Ranch, Inc.

700130993647
06/06/08--01028--009 **542.50

REINSTATEMENT 03-08

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

27991 Crosby Road

Suite, Apt. #, etc.

3. Mailing Office Address

27991 Crosby Road

Suite, Apt. #, etc.

City & State

Myakka City, FL

Zip

34251

Country

USA

City & State

Myakka City, FL

Zip

34251

Country

USA

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

06/07/1993

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)

27991 Crosby Road

Suite, Apt. #, Etc.

City

Myakka City

State

FL

Zip Code

34251

☐ 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**

Mary Ann Dorics

REGISTERED AGENT MUST SIGN

Date 6/4/08

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
DP	Carol Lancaster	2207 30th Avenue East	Bradenton, FL 34208
DVST	Mary Ann Dorics	27991 Crosby Road	Myakka City, FL 34251
D	Ray Ann Dettloff	3801 MAX ROAD	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 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:

Mary Ann Dorics

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/08 (941) 713-0563

Date

Daytime Phone #