

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -4 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

B-AN-G RANCH, INC.

P 000000 75317

200011784802
02/04/03--01056--017 **1050.00

REINSTATEMENT 01-03

2. Principal Office Address

4418 Douglas Ferry Road

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Caryville, Florida

City & State

Zip

32427-2306

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/03/2000

5. FEI Number

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 Timothy J. Sloan

Street Address (P.O. Box Number is Not Acceptable) 427 McKenzie Avenue

Suite, Apt. #, Etc.

City Panama City

State
FL

Zip Code
32401

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

Date

1/29/03

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---------------------------------------------------|-------------------------------|
| P/T/D | Glen W. Harris | 4418 Douglas Ferry Road | Caryville, Florida 32427-2306 |
| VP/S/D | Brandi L. Harris | 4418 Douglas Ferry Road | Caryville, Florida 32427-2306 |
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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:

GLEN W. HARRIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03

Date

(850) 258-0573

Daytime Phone #

CR2E081 (10/02)

210603