

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

92 1072

FILED

05 OCT -3 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04-05  
T. Roberts OCT 04 2005

2004  
CORPORATION  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000109968

1. Corporation Name  
WIND RIVERS RANCH, Inc

|                                                   |                   |                                   |         |
|---------------------------------------------------|-------------------|-----------------------------------|---------|
| 2. Principal Office Address<br>5987 S.W. MOORE ST |                   | 3. Mailing Office Address<br>SAME |         |
| Suite, Apt. #, etc.                               |                   | Suite, Apt. #, etc.               |         |
| City & State<br>PALM CITY FL                      |                   | City & State                      |         |
| Zip<br>34990                                      | Country<br>MARTIN | Zip<br>34990                      | Country |

|                                                                                             |                               |
|---------------------------------------------------------------------------------------------|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida<br>11/28/00                     |                               |
| 5. FEI Number<br>65-1064195                                                                 | Applied For<br>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<br>BETTY J. MARSHALL                                                |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>5987 S.W. MOORE ST |                   |
| Suite, Apt. #, Etc.                                                      |                   |
| City<br>PALM CITY                                                        | State<br>FL       |
|                                                                          | Zip Code<br>34990 |

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 Betty J. Marshall Date 9/26/05

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 |
|--------|-----------------------------------|------------------------------------------------|--------------------|
| PRES   | BETTY J MARSHALL                  | 5987 S.W. MOORE ST                             | PALM CITY FL 34990 |
| VP     | Robert D Marshall                 | 5987 SW MOORE ST                               | Palm City FL 34990 |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |
|        |                                   |                                                |                    |

300060362943  
10/07/05--01048--025 \*\*300.00

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: Betty J. Marshall Date 9/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (01/04)

BSZ

9/28/05

TO: Florida Department of State  
Division of Corporations

Re: Wind Rivers Ranch  
# P00000109968

I request waiver of the  
reinstatement Fee. We did not  
receive the original or second  
notice of the annual report for  
2004 or 2005.

Thank you for your  
time and help.

Sincerely,

Robert D Marshall

Robert D Marshall  
Vice President.

Enclosed: \$300 check  
documents.