PLEASE READ A	LL INSTRUCTIONS	BEFORE C	OMPLETI	NG THIS FORM.	
APPLICATION FOR	FLORIDA DEPARTMENT OF STAT Jim Smith Secretary of State		FILED		
REINSTATEMENT	DIVISION OF CORPOR		03	APR 28 PH 2: 3	7
DOCUMENT # P0100080721 1. Corporation Name			SECRETARY OF STATE		
RANCHO APARTE INC.					
Principal Place of Business	Mailing Address				
7904 WEST DRIVE 7904 WEST DRIVE UNIT 5-6. NORTH BAY VILLAGE UNIT 5-6. NORTH BAY VILLAGE MIAMI FL 33141					
			B EIN	STATEME	MT 07-07
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		
Suite, Apt. #, etc.			To Do Business in Florida 08/16/2001		
City & State Mo Boy Village Fl	City & State		5. FEI Number		Applied For Not Applicable
Zip Country 23145 1150	Zip Country	/	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status
7. Names and Street Addresses of Each Officer and/or	Director (Florida nonprofit corpora	tions must list at lea	st 3 directors)		· · · · · · · · · · · · · · · · · · ·
Title(s) Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip		
D TURANO, RAFAEL P	2655 COLLINS A		MIAMI FL 33140		
			201 03/04/0) 01352D36 301090005 *	52 ; ₩750.00
· · · · · · · · · · · · · · · · · · ·				10135203(
					¥900.00
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent		
TURANO, RAFAEL O 2655 COLLINS AVE		Street Address (P.O. Box Number is Not Acceptable)			2EE040 (8/02)
APT 709 MIAMI FL 33140		Suite, Apt. #, Etc.			5
		City	City Stat		Zip Code
10. I, being appointed the registered agent of the above	7		ligations of Sectio	n 607.0505, F.S. or 617.0505	5, F.S.
	STERED AGENT MUST SIGN	HARED.		Date	
11. I certify that I am an officer or director or the receive this reinstatement application, the reason for dissolu owed by the corporation have been paid and the nai on this application is true and accurate, and my sign	tion has been eliminated, the corpo mes of individuals listed on this forr	rate name satisfies t n do not qualify for a	he requirements out on the requirements of the temption under the temption under the temption of the temption temp temption temp temption temptis temption temptis temption temption temption temption temption te	of section 607.0401 or 617.04	01, F.S., that all fees
	ED NAME OF SIGNING OFFICER OF D	IL 19		Date Dat	/time Phone #