

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

09 MAY 25 AM 11:20

 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P01000089455

1. Corporation Name

JR. HORSE RANCH CORP.

REINSTATEMENT 07-09

 700156332987  
 05/25/09--01001--006 \*\*450.00

CR2E081 (12/08)

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

14651 SW 179 AVENUE

3. Mailing Office Address

14651 SW 179 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

MIAMI, FLORIDA

City &amp; State

MIAMI, FLORIDA

Zip

33196

Country

Zip

33196

Country

 4. Date Incorporated or Qualified  
 To Do Business in Florida 9/07/2001

 5. FEI Number  
 04-43622499

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

MARIA MACIAS

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

14651 SW 179 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33196

☒ 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

*Maria A. Macias*  
 REGISTERED AGENT MUST SIGN

Date 5/18/09

## 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
DV	JOSE L. MIRO	14651 SW 179 AVENUE	MIAMI, FL 33196

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:

*Jose L. Miro*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/09

Date

(786) 553-8299

Daytime Phone #

005/26