

1072
PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Mar 17, 2005 8:00
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000106668

1. Corporation Name

O GROVE RANCH INC.

2. Principal Office Address
12365 SW 43 STREET

3. Mailing Office Address
12365 SW 43 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33175

Country

Zip
33175

Country

REINSTATEMENT 02-05
MRS

**4. Date Incorporated or Qualified
To Do Business in Florida** 11/05/2001

5. FEI Number
65-1150223

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
ROBERTO D. SANCHEZ

Street Address (P.O. Box Number is Not Acceptable)
12365 SW 43 STREET

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33175

400049338224
03/29/05--01013--021 ***R00 00

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**

x *Roberto Sanchez*
REGISTERED AGENT MUST SIGN

Date 03/15/2005

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
PD	ROBERTO D. SANCHEZ	12365 SW 43 STREET	MIAMI, FL 33175
VD	JANY SANCHEZ	12365 SW 43 STREET	MIAMI, FL 33175

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/15/2005

Date

(305) 970-3725

Daytime Phone #

CR20081 (01/04)

292

Miami, FL, February 17, 2005

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

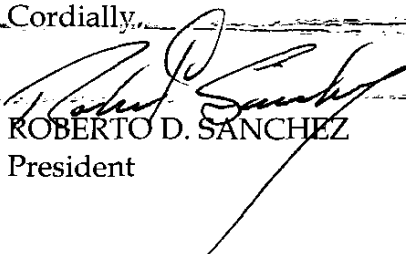
Ref: Document No. P01000106668, O GROVE RANCH INC.

Dear Sirs,

This is to inform you that the referenced corporation failed to file its Annual Reports since 2002 because this business is based on a farm and we never received the Annual Report kit for that year. Furthermore, this caused the corporation to become inactive and the business has been in operations since the year opened. Therefore, we are sending Reinstatement Form along with payment of \$600.00 corresponding to the years from 2002 up to 2005 so that this company will become active again and please waive any penalties caused by this embarrassing situation.

Should you have further questions, please contact us at (305) 970-3725. We apologize for any inconvenience this may have caused. Thank you very much for your cooperation.

Cordially,


ROBERTO D. SANCHEZ
President