

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 APR 28 PM 6:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000071575*

1. Corporation Name

*Big Lake Sod Ranch, Inc.*

2. Principal Office Address

*5700 SW 123 Ave.*

Suite, Apt. #, etc.

3. Mailing Office Address

*5700 SW 123 Ave.*

Suite, Apt. #, etc.

City & State

*Miami, FL*

City & State

*Miami, FL*

Zip

*33183*

Country

*Dade*

Zip

*33183*

Country

*Dade*

4. Date Incorporated or Qualified  
To Do Business in Florida

*6/28/02*

5. FEI Number

*75-3069276*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05  
*5/5/03 90710 036 \$750.00*  
*2/16/04 01028 032 \$750.00*  
*03/19/04 01038 004 \$150.00*

7. Name and Address of Current Registered Agent

Name

*Barbara Callado*

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

*6355 SW 123 Ave.*

Suite, Apt. #, Etc.

City

*Miami, FL*

State

*FL*

Zip Code

*33183*

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

*4/22/05*

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
<i>Pres</i>	<i>Pablo Miguel Lopez</i>	<i>5700 SW 123 Ave</i>	<i>Miami, FL 33183</i>
<i>VP</i>	<i>Barbara Callado</i>	<i>5700 SW 123 Ave</i>	<i>Miami, FL 33183</i>

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)(b), 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

Date

*4/22/05*

Daytime Phone #

*305-275-7100*

CR2E081 (01/05)