

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 17 AM 8:00

DOCUMENT # **P02000086460**

1. Corporation Name

RANCHO VIEJO, INC.

Principal Place of Business

1901 PALM BAY ROAD N.E.
PALM BAY FL 32905

Mailing Address

1901 PALM BAY ROAD N.E.
PALM BAY FL 32905



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/08/2002

5. FEI Number

37-1436183

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GUTIERREZ, SALVADOR	1901 PALM BAY ROAD	PALM BAY FL 32905
T	GUTIERREZ, SALVADOR Heriberto MARTINEZ	1901 PALM BAY ROAD N.E.	PALM BAY FL 32905

8. Name and Address of Current Registered Agent

~~HOLDER, JOHN~~ Complete Business Solution, Inc
1805 CANOVA ST
#2
PALM BAY, FL FL 32909

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

10/9/03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/03
Date

321-956-8298
Daytime Phone #

CR2E040 (7/03)

FROM : CBS1010

PHONE NO. : 9568801

Oct. 17 2003 09:08AM P2

Ranch Viejo, Inc.
1901 Palm Bay Road
Palm Bay, FL 32905

Florida Department of State
Department of Corporations
Fax 850.245.6017

Attn: Ms Ruby

October 11, 2003

Dear Ruby,

I, Salvador Gutierrez of Rancho Viejo, Inc., am requesting a waiver of fees. We did not receive correspondence dated 3-28-2003 requesting that corrections be made.

Sincerely,


Salvador Gutierrez