

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVED
AND
FILED

05 MAR 21 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State,
DIVISION OF CORPORATIONS

DOCUMENT # PO2000103142

1. Corporation Name

otter Ranch, Inc.

2. Principal Office Address

13281 52nd Place S

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33467

Country

USA

3. Mailing Office Address

13281 52nd Place S

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33467

Country

USA

REINSTATEMENT 04-05
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/02

5. FEI Number

161630878

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

Lisa Linehan

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

13281 52nd Place South

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33467

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

Lisa Linehan

REGISTERED AGENT MUST SIGN

Date

2/23/05

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
Pres	<u>Lisa Linehan</u>	<u>13281 52nd Place S</u>	<u>Wellington, FL 33467</u>
V-Pres	<u>Gregory Linehan</u>	<u>13281 52nd Place S</u>	<u>Wellington, FL 33467</u>
Treas	<u>Lisa Linehan</u>	<u>same</u>	
Sec	<u>Gregory Linehan</u>	<u>same</u>	

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

Lisa Linehan Lisa Linehan

Date

2/23/05 561-792-3999

Daytime Phone #

CR2E081 (01/04)