

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 AUG 11 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105012

1. Corporation Name

CRUZ'S RANCH, CORP.

2. Principal Office Address

1010 N. US HIGHWAY

Suite, Apt. #, etc.

27

City & State

CLEWISTON, FLORIDA

Zip Country

33440-8960 U.S.A.

3. Mailing Office Address

1010 N. US HIGHWAY

Suite, Apt. #, etc.

27

City & State

CLEWISTON, FLORIDA

Zip Country

33440-8960 U.S.A.

REINSTATEMENT

Handwritten initials

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/2002

5. FEI Number

56-2295824

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

CALIXTO HERNANDEZ

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

1010 North U.S. High3way

Suite, Apt. #, Etc.

27

City

Clewiston

State

FL

Zip Code

33440-8960

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

Handwritten signature

REGISTERED AGENT MUST SIGN

Date 8/10/2006

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
DP	CALIXTO HERNANDEZ	1010 N US Highway #27	Clewiston, Fl.33440

300079881563
08/18/06--01033--011 **1050.00

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:

Handwritten signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. Eckel AUG 11 2006

8/10/2006 (305)362-9139

Date

Daytime Phone #

CR2E081 (8/01)