

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

33440-8960

Country

U.S.A.

3. Mailing Office Address

1010 N. US HIGHWAY

Suite, Apt. #, etc.

27

City & State

CLEWISTON, FLORIDA

Zip

33440-8960

Country

U.S.A.

**REINSTATEMENT**

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. Highway

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

Date 8/10/2006

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

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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:

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)