

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

03 OCT -2 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000105012

1. Corporation Name

CRUZ'S RANCH, CORP.

*[Handwritten signature]*

500024253665  
10/29/03--01021--022 \*\*750.00

**REINSTATEMENT 2003**

2. Principal Office Address 1536 N.W. 31th Avenue		3. Mailing Office Address 1536 N.W. 31th Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami Florida 33125		City & State Miami Florida 33125	
Zip 33125	Country U.S.A.	Zip 33125	Country U.S.A.

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 <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name AUGUSTO R. CRUZ	
Street Address (P.O. Box Number is Not Acceptable) 1536 N.W. 31th Avenue	
Suite, Apt. #, Etc.	
City Miami	State FL
Zip Code 33125	

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: Benjume N. Celis]*

REGISTERED AGENT MUST SIGN

Date 9/30/2003

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	AUGUSTO R. CRUZ	1536 N.W..31th Avenue	Miami Florida 33125

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: Benjume N. Celis]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2003 (305) 362-9139

Date

Daytime Phone #

CR2F08: (9/01)