

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -4 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2004

DOCUMENT # P03000044046

1. Corporation Name
DDD RANCH, INC.

2. Principal Office Address 5420 Hope Hill Rd. Suite, Apt. #, etc.		3. Mailing Office Address 11036 Spring Hill Dr. Suite, Apt. #, etc.	
City & State Brooksville, FL		City & State Spring Hill, FL	
Zip 34601	Country Hernando	Zip 34608	Country Hernando

4. Date Incorporated or Qualified To Do Business in Florida 4-17-03	
5. FEI Number 20-0163266	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
DeMaria, Deborah G.

Street Address (P.O. Box Number is Not Acceptable)
11036 Spring Hill Dr.

Suite, Apt. #, Etc.
Suite 26

City
Spring Hill

State FL	Zip Code 34608
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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 *Deborah G. DeMaria* Date 11/2/04

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	DeMaria, Deborah G.	5420 Hope Hill Rd.	Brooksville, FL 34601

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)(f), 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: *Deborah G. DeMaria* Deborah G. DeMaria Date 11/2/04 Daytime Phone # 352) 686-6481

CR2E081 (01/04)