

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000052326

1. Corporation Name

VELPER RANCH CO

2. Principal Office Address - No P.O. Box #  
6933 BETHEA RD

3. Mailing Office Address  
6933 BETHEA RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ZOLFO SPRINGS, FL

City & State  
ZOLFO SPRINGS, FL

Zip Country  
33890 U.S.A.

Zip Country  
33890 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida 03/24/2004

5. FEI Number  
20-1015209

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  
INO VELAZQUEZ

Street Address (P.O. Box Number is Not Acceptable)  
6933 BETHEA RD

Suite, Apt. #, Etc.

City  
ZOLFO SPRINGS

State Zip Code  
FL 33890

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 1/6/09

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	INO VELAZQUEZ	6933 BETHEA RD	ZOLFO SPRINGS, FL 33890
VICEP	MARCO A. VELAZQUEZ	137 CARMEL BAY DR	SANFORD, FL 32771
TREAS	GLORIA R. VELAZQUEZ	6933 BETHEA RD	ZOLFO SPRINGS, FL 33890

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 contained in Chapter 119, 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:

INO VELAZQUEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2009

Date

863-735-0758

Daytime Phone #

FILED

09 JAN -9 PM 3: 14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-09  
CR2E081 (12/08)