

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000083085

Entity Name: 5C RANCH, INC.

FILED  
Oct 14, 2005  
Secretary of State

## Current Principal Place of Business:

18300 S.W. 122ND ST.  
MIAMI, FL 33196

## New Principal Place of Business:

## Current Mailing Address:

18300 S.W. 122ND ST.  
MIAMI, FL 33196

## New Mailing Address:

P. O. BOX 145127  
CORAL GABLES, FL 33114

FEI Number: 56-2464780

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRANK QUINTERO, JR., P.A.  
MERRICK PLAZA, STE. 201  
2199 PONCE DE LEON BLVD.  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANK QUINTERO JR

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( )

## OFFICERS AND DIRECTORS:

Title: PVTD ( ) Delete  
Name: SARDINAS, GUSTAVO  
Address: 18300 S.W. 122ND ST.  
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete  
Name: QUINTERO, FRANK JR.  
Address: 18300 S.W. 122ND ST.  
City-St-Zip: MIAMI, FL 33196

Title: D ( ) Delete  
Name: GOMEZ, ANTHONY  
Address: 16155 S.W. 117TH AVE., B-24  
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete  
Name: SANCHEZ, CARLOS  
Address: 5005 COLLINS AVE., APT. 1202  
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete  
Name: DIAZ, RAFAEL  
Address: 3211 PONCE DE LEON BLVD., STE. 210  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTD (X) Change ( ) Addition  
Name: SARDINAS, GUSTAVO  
Address: P.O. BOX 145127  
City-St-Zip: CORAL GABLES, FL 33114

Title: SD (X) Change ( ) Addition  
Name: QUINTERO, FRANK JR.  
Address: P.O. BOX 145127  
City-St-Zip: CORAL GABLES, FL 33114

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO SARDINA

PVTD

10/14/2005

Electronic Signature of Signing Officer or Director

Date