

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000089363

1. Entity Name
ABC ROPE RANCH OF FLORIDA, INC.



Principal Place of Business
1217 CAPE CORAL PKWY E PMB 218
CAPE CORAL, FL 33904-9604

Mailing Address
1217 CAPE CORAL PKWY E PMB 218
CAPE CORAL, FL 33904-9604

FILED
05 DEC 13 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12072005 REIN-P

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRONSON, PER
1217 CAPE CORAL PKWY E PMB 218
CAPE CORAL, FL 33904-9604

Name

Street Address (P.O. Box Numbers Not Applicable)

City

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BRONSON, PER
STREET ADDRESS 1217 CAPE CORAL PKWY E PMB 218
CITY-ST-ZIP CAPE CORAL, FL 339049604

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/9/05