


## 2006 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P04000110206**

1. Entity Name  
**CHILE RANCHERO, INC.**



**FILED**

**06 DEC -7 AM 10:04**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address

~~322 SE 32ND TERR~~      ~~322 SE 32ND TERR~~  
~~CAPE CORAL, FL 33904~~      ~~CAPE CORAL, FL 33904~~

2. Principal Place of Business      3. Mailing Address

**3949 Evans Ave.**      **3949 Evans Ave.**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

**# 403**      **# 403**



City & State      City & State

**Ft. Myers FL**      **Ft. Myers FL**

Zip      Country      Zip      Country

~~33901~~      ~~33901~~      **33901**      **U.S.A.**

4. FEI Number      Applied For

**40-0189655**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SALDANA, GUSTAVO**  
~~322 SE 32ND TERR~~  
~~CAPE CORAL, FL 33904~~

7. Name and Address of New Registered Agent

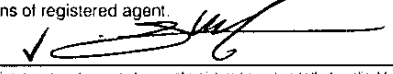
Name

Street Address (P.O. Box Number is Not Acceptable)  
**3949 EVANS AVE #403**

City      State      Zip Code

**Ft Myers**      **FL**      **33901**

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       DATE **12-04-06**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, 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 NAME STREET ADDRESS CITY-ST-ZIP	D SALDANA, GUSTAVO 322 SE 32ND TERR CAPE CORAL, FL 33904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000082366140</b> <b>12/07/06--01049--006 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       Date **12-04-06**      Daytime Phone # **239)285-0505**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**B. Mitchell DEC -7 2006**