PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.				
CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		An	nual Port
DOCUMENT # POY 100:122 800				200
RANCHO MAMA VIEJA CORP				A STATE OF S
2. Principal Office Address - No P.O. Box # 16641 SW 199 AVE 16641		ng Office Address 11 SW 199 AVE,		NSTATEMENT 07
Suite, Apt. #, etc.	Suite, Apt. #, etc.			rated or Qualified
City & State MIAMI FL City & State MIAMI			5. FEI Number	Applied For   S 6 6 4 0   Null Applied by
33187 Country USA	33187	Country	6.	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
7. Name and Address	of Current Registered Age	ent		
*FREDDY CAICEDO			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 he washed.	
Street 6674 (F.S.W.N.Y.1919's XXVECTIBIDE)				
Suito, Apt. #, Etc.				
CIN MIAMI		5tete 33187	fee be waived.	
8. I, being appointed the legistered agent of the above named corporation, ten furnilliar with and accept the obligations of section 607,0505 or 617,0503, F.S.  Signature of Registered Agent X  RECISTERED AGENT MUST SIGN				
9. Names and Street Addresses of Each Officer and/or Director (Florido nonprofit corporations must list at least 3 directors)				
Titles Name of Officers and/or Director	78	Street Address of Eag Officer and/or Director	n ir	City / State / Zip
P CALCEDO FREDDYA		12922 SW 112 PL MIAMI FL. 33176		MIAMI FL 33176
UP SAMET A.C.	IDRTOS 12	.922 SW	11212	Miami FL 33176
\$10/9			10.	500110495865 08/0?01050002 **150.00
10. I certify that I am an officer or the receiver of trusted, empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the receion for dissolution has been eliminated, the corporate name easistles: the requirements of section 607.0401 or 617.0401, F.S., that all term owed by the corporation have been paid and the names of individuels listed on this form do not quality for an exemption contained in Chapter 119, F.S. The information indicated on this copplication is true and accurate, and not signature shall have the same legal effect as if made under certify.  SIGNATURE:  SIGNATURE:  Date  Convirue Phone #				

SRES FLORIDA DEPT OF STATE

PLEASE ACCEPT MY EXCUSE FOR THE RENUEW TITE ANNUAL REPORT 2007, I NEVER RECEIVE THE NOTIFICATION FOR THE NEW RENOVATION 2007.

PLEASE, ACCEPTO MY ANNUAL REPORT 2007 IN THIS TIME.

**TANKYOU** 

FREDDY CAICEDO