

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 PM 2:53

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000042221

1. Corporation Name

DESTINY RANCH CORPORATION

74/10000013892

100172552081
03/18/10--01039--017 **300.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
5089 EAST HIGHWAY 316

3. Mailing Office Address

24197 SW 212 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CITRA, FLORIDA

City & State
HOMESTEAD

Zip
32113

Country
USA

Zip
33031

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/04/2007

5. FEI Number
20-8807340

☒ 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
EDMUNDO QUINTANA

Street Address (P.O. Box Number is Not Acceptable)
24197 SW 212 AVENUE

Suite, Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33031

☒ 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.

100172552081
04/01/10--01046--002 **150.00

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 03/12/2010

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 |
|---------------------|--------------------------------------|---|-------------------------|
| P/D | EDMUNDO QUINTANA | 24197 SW 212 AVENUE | HOMESTEAD, FL 33031 |
| M/D | LAURA FIELDS QUINTANA | 24197 SW 212 AVENUE | HOMESTEAD, FL 33031 |
| | | | M. MILLIGAN EXAMINER |
| REINSTATEMENT 08-10 | | | APR 2 2010 |

10. E-mail Address: LRF1818@YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify 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:

EDMUNDO QUINTANA

03/12/2010 305-218-2323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #