

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JAN -4 AM 11:28

DOCUMENT # P07000049198

1. Corporation Name

Rancho Okeechobee West, Inc.

800164144038
01/04/10--01041--011 **300.00

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box #

17015 West Okeechobee Road

Suite, Apt. #, etc

3. Mailing Office Address

160 N.W. 120 Avenue

Suite, Apt. #, etc.

City & State

Hialeah, Florida

City & State

Miami, Florida

Zip

33018

Country

Zip

33182

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/23/07

5. FEI Number

20-8945586

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

Francisco J. Villegas

Street Address (P.O. Box Number is Not Acceptable)

100 Almeria Avenue

Suite, Apt. #, Etc.

Suite 200

City

Coral Gables

State

FL

Zip Code

33134

☒ 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.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/24/09

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
D	David Pivera	17015 West Okeechobee Road	Hialeah, FL 33018
D	Mario Gadea	17015 West Okeechobee Road	Hialeah, FL 33018

10. E-mail Address:

(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/24/09

Date

786-367-0094

Daytime Phone #