

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR -9 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09000003265

1. Corporation Name

EL RANCHO HALLANDALE BCH, INC.

900171654099
03/09/10--01018--003 **150.00

CR2E081 (11/09)

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

424 N. Federal Hwy

3. Mailing Office Address

2121 SW Third Ave

Suite, Apt. #, etc.

Hallandale Bch

Suite, Apt. #, etc.

Suite 500

City & State

Florida

City & State

Miami, FL

Zip

33309

Country

USA

Zip

33129

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/10/09

5. FEI Number

None

☐ 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

Heller & Company, Inc.

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

2121 SW Third Avenue

Suite, Apt. #, Etc.

Suite 500

City

Miami

State

FL

Zip Code

33129

☒ 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

REGISTERED AGENT MUST SIGN

Date **3/1/2010**

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
Receiver	Seth R. Heller	2121 SW Third Ave, Suite 500	Miami, FL 33129

REINSTATEMENT

RH

10. E-mail Address: **sheller@hellerandcompany.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-2010
Date

305-482-3443
Daytime Phone #