

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # P94000079099

1. Corporation Name  
POPE RANCH INC.

2. Principal Office Address  
1411 Pope Place

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
LUTZ, FL

City & State  
LUTZ, FL

Zip Country  
33549 USA

Zip Country  
33549 USA

4. Date Incorporated or Qualified  
To Do Business in Florida 10/26/1994

5. FEI Number  
593281305

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT** *304*

7. Name and Address of Current Registered Agent

Name  
POPE, PAUL E. JR.

Street Address (P.O. Box Number is Not Acceptable)  
1411 POPE PLACE

600037438166  
06/01/04--01026--003 \*\*908.75

Suite, Apt. #, Etc.

City  
LUTZ

State Zip Code  
FL 33549

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 Paul E. Pope, Jr.  
REGISTERED AGENT MUST SIGN

Date 5-21-04

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	POPE, PAUL E. JR.	1411 POPE PLACE	LUTZ, FL 33549
V	POPE, DENISE A.	1411 POPE PLACE	LUTZ, FL 33549

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Paul E. Pope, Jr. Pres. PAUL E POPE JR. 5-21-04 813-949-7413  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)