

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 16 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000090062

1. Corporation Name

RANCH HOUSE MOTOR INN INTERNATIONAL, INC.

2. Principal Office Address

1911 CYPRESS GARDENS BLVD.

Suite, Apt. #, etc.

City & State

WINTER HAVE, FL

Zip

33884

Country

US

3. Mailing Office Address

1911 CYPRESS GARDENS BLVD.

Suite, Apt. #, etc.

City & State

WINTER HAVEN, FL

Zip

33884

Country

US

REINSTATEMENT 03-04

500030501555

03/16/04--01009--016 **908.75

**4. Date Incorporated or Qualified
To Do Business in Florida 11/01/96**

5. FEI Number
593407483

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

PEDRO RODRIGUEZ

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

1911 CYPRESS GARDENS BLVD.

Suite, Apt. #, Etc.

City

WINTER HAVEN

State

FL

Zip Code

33884

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

Pedro Rodriguez

REGISTERED AGENT MUST SIGN

Date

03.10.04

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
D/PVP T/S	PEDRO RODRIGUEZ	1911 CYPRESS GARDENS BLVD.	WINTER HAVEN, FL 33884

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:

Pedro Rodriguez Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.10.04 863-324-5994

Date

Daytime Phone #

CR2E001 (01/04)