

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 JUN 17 PM 1:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P97000058974

**1. Corporation Name**

SANTA BARBARA RANCH CORP.

**2. Principal Office Address**

11255 S.W. 47 Street

Suite, Apt. #, etc.

**City & State**

Miami, FL

**Zip**

33165

**Country**

**3. Mailing Office Address**

605 E. Trinidad Avenue

Suite, Apt. #, etc.

**City & State**

Clewiston, FL

**Zip**

33440

**Country**

Hendry

**REINSTATEMENT 98-02**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

July 7, 1997

**5. FEI Number**

65-0764986

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**

Hector Hurtado

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

605 E. Trinidad Avenue

**Suite, Apt. #, Etc.**

**City**

Clewiston

**State**  
FL

**Zip Code**  
33440

**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**

Hector Hurtado

**Date**

REGISTERED AGENT MUST SIGN

**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	Hector Hurtado	11255 S.W. 47 Street	Miami, FL 33165
VP	Elizabeth Hurtado	11255 S.W. 47 Street	Miami, FL 33165
			1200.00 - ADM
			61.25 - AR
			88.75 - ARSAP
			8.75 - Cent

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hector Hurtado

**Date**

6/13/02 863 9836666

**Daytime Phone #**