

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 20 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000074913

1. Corporation Name

CABRERA SHOW RANCH, INC.

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

7171 CORALWAY  
Suite, Apt. #, etc.  
317

3. Mailing Office Address

7171 CORALWAY  
Suite, Apt. #, etc.  
317

City & State

MIAMI, FLA.

City & State

MIAMI, FLA.

Zip

33155

Country

DADE

Zip

33155

Country

DADE

**REINSTATEMENT** 06-07  
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida

08/28/1997

5. FEI Number

650780001

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

ARNALDO CABRERA

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

2950 SW 139 St.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

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

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	REYNOL LOPEZ	7007 SW 23 St	MIAMI, FL 33155
VP	ARNALDO CABRERA	2950 SW 139 St	MIAMI FL 33175

20113537147  
01/02/08--01018--018 \*\*300.00

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 contained in Chapter 119, 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

Date

Daytime Phone #