

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 FEB -11 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700088708787

02/19/07--01006--021 **1200.00

REINSTATEMENT 04-07

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800000 43474

1. Corporation Name

St. Luis Ranch, Inc.

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

724 N.W. 133 Ave.

3. Mailing Office Address

19950 S.W. 228 H.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami, FL

Zip

Country

Zip

33170

Country

Miami, FL

7. Name and Address of Current Registered Agent

Name

LIVIO RUSSO

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

724 NW 133 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

4. Date Incorporated or Qualified
To Do Business in Florida

5. FBI Number

65-0853433

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75 Additional Fee required
for a Certificate of Status

☐ 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 1/29/07

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	Russo, L	724 NW 133 Ave	Miami, FL 33182

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:



LIVIO RUSSO Director

Date

1/29/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #