

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUL 31 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000106381

1. Corporation Name

RANCHO LA MONSERRATE, INC.

2. Principal Office Address...

6802 HIGHWAY 532

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVENPORT, FL

City & State

Zip

33837

Country

POLK

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/21/98

5. FEI Number

59-3548434

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

ROXANNA PIMENTEL

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

6802 HIGHWAY 532

Suite, Apt. #, Etc.

City

DAVENPORT

State
FL

Zip Code

33837

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

Roxanna Pimentel

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
D	ROXANNA PIMENTEL	6802 HIGHWAY 532	DAVENPORT, FL 33837
D	MAYRA M. PIMENTEL	6802 HIGHWAY 532	DAVENPORT, FL 33837

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:

Roxanna Pimentel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZC31 (9/01)