

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -4 PM 12:42

DOCUMENT # P99000019646

1. Corporation Name

BLACK RIVER RANCH, INC.

Principal Place of Business

Mailing Address

6401 SW THISTLE TERR
PALM CITY FL 34990

6401 SW THISTLE TERR
PALM CITY FL 34990

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	DONOVAN, JOHN F	6401 SW THISTLE TERR	PALM CITY FL 34990
			700003496747-4
			12/12/00-01036-DU3
			***150.00 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DONOVAN, JOHN F
6401 SW THISTLE TERR
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John F. Donovan
REGISTERED AGENT MUST SIGN

Date 10/24/00

11. 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:

John F. Donovan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00
Date

Daytime Phone #



CERTIFIED PUBLIC
ACCOUNTANTS

ACCOUNTING, BUSINESS
AND TAX ADVISORS

33 FLAGLER AVE.
STUART, FL 34994
(561) 283-2356
(561) 287-1887 FAX

GORDON O. PROCTOR, C.P.A.
T. MICHAEL CROOK, C.P.A.
NANCY B. CROWDER - MCCOY, C.P.A.
KEVIN M. PAYNE, C.P.A.
TODD J. LAYCOCK, C.P.A.

CAROLE J. BURKE, C.P.A.
LAURIE D. COPELAND, C.P.A.
THOMAS J. LEAHY, C.P.A.
WAYNE S. SANDERS, C.P.A.
SHARON L. THIEBAUD, C.P.A.

MEMBER:

INTERNATIONAL GROUP
OF ACCOUNTING FIRMS
ASSOCIATED OFFICES
IN PRINCIPAL U.S. AND
INTERNATIONAL CITIES

DIVISION FOR C.P.A. FIRMS
AMERICAN INSTITUTE
OF CERTIFIED PUBLIC
ACCOUNTANTS

FLORIDA INSTITUTE
OF CERTIFIED PUBLIC
ACCOUNTANTS

October 24, 2000

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Reinstatement of Black River Ranch, Inc.
Document #P99000019646

Dear Sir or Madam:

We are writing on behalf of the above referenced corporation in response to your form Application for Reinstatement received by our client requesting completion of the form and a remittance of \$750.00 to be reinstated and in good standing with the State of Florida. The year 1999 was the initial year of activity for the corporation. We assumed our client received and filed the annual report but now understand that they did not receive any of the forms and therefore was not aware nor able to complete and file timely. It is certainly their intention to be in compliance for all of their Florida requirements. Therefore, we are respectfully requesting abatement of the \$600.00 reinstatement fee required by your office. We have enclosed a check payable to the Florida Department of State in the amount of \$150.00 along with the signed form Application for Reinstatement.

Thank you for your understanding and assistance regarding this matter. If you have any questions, please call me at (561) 283-2356.

Very truly yours,

Leslie D. Jones

LDJ/dp

Enclosures

cc: Mr. John F. Donovan

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