

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 12 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S18892

1. Corporation Name

ROCKING AB RANCH, INC.

2. Principal Office Address

4130 OLD BARTOW ROAD

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

3. Mailing Office Address

4130 OLD BARTOW ROAD

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

Zip

33853

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-17-90

5. FEI Number

59-3040886

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

HAZEL S. BECTON

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

4130 OLD BARTOW ROAD

Suite, Apt. #, Etc.

City

LAKE WALES,

State
FL

Zip Code
33853

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

Hazel S. Becton

REGISTERED AGENT MUST SIGN

Date

5/1/04

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
DPT	HAZEL S. BECTON	4130 OLD BARTOW RD	LAKE WALES, FL 33853

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:

Hazel S. Becton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/04 8636266698

Daytime Phone #

CR2E081 (01/04)