

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



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

DOCUMENT # S24061

1. Corporation Name

Red Hawk Ranch, Inc.

2. Principal Office Address

1543 Crestview Ave.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

3. Mailing Office Address

1543 Crestview Ave.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32303

Country

USA

REINSTATEMENT 97-00

4. Date Incorporated or Qualified To Do Business in Florida

01/09/1991

5. FEI Number

59-3052529

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

Francesca Melichar

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

1543 Crestview Ave.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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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

Handwritten signature of Francesca Melichar

REGISTERED AGENT MUST SIGN

Date 4-21-00

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

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: D, Francesca Melichar, 1543 Crestview Ave., Tallahassee, FL 32303

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:

Handwritten signature of Francesca A. Melichar and typed name: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Francesca A. Melichar - Director

Date 4-21-00

Daytime Phone # 850-561-1165

Date

Daytime Phone #

CR2E081 (9/99)