

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -2 PM 2:17

DOCUMENT #

S88429

1. Corporation Name

DUCK COON RANCH, INC.

200003263122--S
-05/23/00--01039--013
***1200.00 ***1200.00

2. Principal Office Address

1645 PALM BEACH LAKES BLVD.

Suite, Apt. #, etc.

SUITE 160

City & State

WEST PALM BEACH, FL

Zip

33401

Country

USA
(PALM BEACH)

3. Mailing Office Address

S/A

Suite, Apt. #, etc.

City & State

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0292671

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

THOMAS E. COCHRANE, JR

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

2801 EXCHANGE COURT

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33409

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

[Signature]

Date

4/24/00

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
P	WILLIAM E. ROWMAN, JR	1645 P.B. LAKES BLVD #160 WEST PALM BEACH, FL 33401	WEST PALM BEACH, FL 33401
VP	HARRY FISHER	1645 P.B. LAKES BLVD #160	WEST PALM BEACH, FL 33401
S	KENNETH L. TOWNSEND	1645 P.B. LAKES BLVD #160	WEST PALM BEACH, FL 33401
T	DEAN TURNEY	1645 P.B. LAKES BLVD #160	WEST PALM BEACH, FL 33401
			<i>[Signature]</i>

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:

[Signature]

KENNETH L. TOWNSEND

Date

4-24-00

Daytime Phone #

561-712-0005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR