

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V33306**

1. Corporation Name

ROCKIN' G RANCH CORP.

FILED
96 NOV 14 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

20800 S.W. 216TH STREET
MIAMI FL 33170
US

Mailing Address

20800 S.W. 216TH STREET
MIAMI FL 33170
US

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

2. New Principal Office Address, If Applicable

30155 S.W. 202 Ave
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

30155 S.W. 202 Ave
Suite, Apt. #, etc.
Homestead FL

4. Date Incorporated or Qualified To Do Business in Florida

04/30/1992

5. FEI Number

65-0328224

Applied For

☒ Not Applicable

City & State

Zip

Country

Zip

Country

33000

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
DP	GARCIA, REINALDO	60 NW 33RD AVE	MIAMI FL
DV	GARCIA, LAURA	60 NW 33RD AVE	MIAMI FL

300002010183-5
-11/20/96--01100--025
******375.00 ****375.00**

8. Name and Address of Current Registered Agent

GARCIA, REINALDO & LAU
20800 SW 216TH STREET
MIAMI FL 33170

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

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

REGISTERED AGENT MUST SIGN

Date

09/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

REGISTERED AGENT MUST SIGN

09/18/96

(305) 245-1491

Date

Daytime Phone

226-2918