

PLEASE READ ALL INSTRUCTIONS BEFORE

FILED
Feb 11, 2003 8:00 A.M.
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V36337**

1. Corporation Name

Ranger II inc

TALLAHASSEE, FLORIDA
200012321542
02/11/03--01082--002 **300.00

2. Principal Office Address

1251 SE 7th Ave

3. Mailing Office Address

4557 N.W. 9th Ave

Suite, Apt. #, etc.

202

Suite, Apt. #, etc.

City & State

Dania FL

City & State

POMPANO BEACH

Zip

33004

Country

Broward

Zip

33064

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 15, 1992

5. FEI Number

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

Mark Swanson

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

1251 SE 7th Ave

Suite, Apt. #, Etc.

202

City

Dania

State

FL

Zip Code

33004

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

Mark P. Swanson

REGISTERED AGENT MUST SIGN

Date

2/7/03

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
<i>Pres</i>	<i>Mark Swanson</i>	<i>1251 SE 7th Ave #202</i>	<i>Dania / FL / 33004</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:

Mark P. Swanson, *Mark P. Swanson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/03

Daytime Phone #

954-326-9271

CR2E081 (10/02)

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