

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*

Suite, Apt. #, etc.

*202*

City & State

*Dania FL*

Zip

*33004*

Country

*Broward*

3. Mailing Office Address

*4557 N.W. 9th Ave*

Suite, Apt. #, etc.

City & State

*POMPANO BEACH*

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)

*gs 2/14*