

PLEASE, READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 APR 29 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-01-08 90212 020 150.00  
800178921778  
04/29/10--01033--014 \*\*300.00

**REINSTATEMENT** 08-10

DOCUMENT # P07000120920

1. Corporation Name

AA3 RANCH INCORPORATED

2. Principal Office Address - No P.O. Box #

10342 N SUNRIDGE POINT

Suite, Apt. #, etc.

3. Mailing Office Address

3311 TYRONE BLVD

Suite, Apt. #, etc.

City & State

DUNNELLO FL

City & State

ST PETERSBURG

Zip

34433

Country

US

Zip

33710

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 11/05/2007

5. FEI Number

26-1372451

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

PAUL W LONG

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

10342 N SUNRIDGE POINT

Suite, Apt. #, Etc.

City

DUNNELLO FL

State

FL

Zip Code

34433

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 4-27-10

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
PRES	PAUL W LONG	10342 N SUNRIDGE POINT	DUNNELLO FL 34433
	<i>PLW/30</i>		

10. E-mail/Address: ME @ PAUL LONG CORP. COM

(To be used for future annual report notification)

11. 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. I further certify, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #