

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N98000005474**

1. Corporation Name

**THE RIDGE IRRIGATION COOPERATIVE**

Principal Place of Business

Mailing Address

STATE ROAD 540  
P.O. BOX 287  
WAVERLY FL 33877

STATE ROAD 540  
P.O. BOX 287  
WAVERLY FL 33877

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*6116 N. Central #1200*  
*DALLAS TX*  
*75206 DALLAS*

4. Date Incorporated or Qualified To Do Business in Florida

**09/22/1998**

5. FEI Number

**59-0324290**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

**\$8.75** Additional Fee required for a Certificate of Status

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	4 City / State / Zip
D	HUSTED, JOHN	242 KILMER LANE SE	WINTER HAVEN FL 33884
D	MCMULLEN, BILL	8757 COUNTY LINE RD	DELANO MN 55328
<del>T</del>	<del>TEIXEIRA, A. ALLAN</del>	<del>PO BOX 287</del>	<del>WAVERLY FL 33877</del>
T	WEEKS, BRUCE	PO BOX 287	WINTER HAVEN FL 33877
D	<i>ORROCK, Richard</i>	<i>4424 McFarlin</i>	<i>DALLAS, TX 75205</i>

**REINSTATEMENT 03**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAMMONS, ROBERT O  
1552 SIXTH STREET SE  
WINTER HAVEN FL 33880

Name

*Sammons Robert O*

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

*1556 Sixth Street SE*

Suite, Apt. #, Etc.

City

*Winter Haven*

State

**FL**

Zip Code

**33880**

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**10-20-2003**

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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10/27/03 214-373-0223**

CR2E040 (7/03)

FILED  
03 OCT 31 PM 6:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



400024298314  
10/31/03--01007--027 \*\*750.00