

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 21 AM 8:00

DOCUMENT # 349862

1. Corporation Name

RIDGE APPLIANCES INC

909 INGRAHAM AVE

SAME

2. Principal Office Address

909 INGRAHAM AVE

Suite, Apt. #, etc.

City & State

HAINES CITY, FL

Zip

33844

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/69

5. FEI Number

591269772

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

WAYNE NETHERS

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

909 INGRAHAM AVE

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

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

Wayne Nethers
REGISTERED AGENT MUST SIGN

Date

9-16-2004

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
P D	WAYNE NETHERS	66 E LAKE DR	HAINES CITY, FL 33844
ST D	MARY ANN NETHERS	66 E LAKE DR	HAINES CITY FL 33844
V	GREGORY NETHERS	9470 E LARKSPUR DR	SCOTTSDALE AZ 85260
V D	TIMOTHY NETHERS	1879 ARLINGTON CT	LONGWOOD FL 32792

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:

Mary Ann Nethers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-16-04

Daytime Phone #

1-863-422-4229

1-863-521-9969

CR2E081 (01/04)

08/25/04

DIVISION OF CORPORATIONS
PO BOX 6198
TALLAHASSEE, FL 32314

IN REGARDS TO RIDGE APPLIANCES INC.'S REINSTATEMENT. RIDGE
APPLIANCES INC. DID NOT RECEIVE ANY NOTICE OR UBR FORM IN THE YEAR 1983
ENCLOSED IS THE REINSTATEMENT FORM AND THE FEE FOR THE REINSTATEMENT.

SINCERELY,

Wayne Nethers

WAYNE NETHERS
PRESIDENT
RIDGE APPLIANCES INC

*per Mary Ann Nethers
9/22/04
MRS*