

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 APR 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

710825

1. Corporation Name

Friends of Ridgcrest, Inc.

NOV-5437

2. Principal Office Address

2253 119th St. N

Suite, Apt. #, etc.

3. Mailing Office Address

2253 119th St. N

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33778

Country

USA

City & State

Largo, FL

Zip

33778

Country

USA

REINSTATEMENT 93-150

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1004617

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

Wayman Bailey

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

1090 16th Ave SW

Suite, Apt. #, Etc.

City

Largo

600003241256-5

05/05/00 01004-015

***665.00 ***665.00

LS

State
FL

Zip Code

33770

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

Wayman Bailey

REGISTERED AGENT MUST SIGN

Date 4/13/00

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
President	Tasker Beal, Jr (D)	1731 Taylor Lake Place Largo, FL 33778	Largo, FL 33778
Sect	Juanita Poinsetta (D)	2232 2 nd Way SW	Largo, FL 33778
Treas.	Wayman Bailey (D)	1090 16 th Ave SW	Largo, FL 33778
Asst. Treas.	Geneva Waters (D)	12001 Belcher Rd. Apt N224	Largo, FL 33773
Vice Pres.	Wanda McCowhan (D)	1474 Crosby St.	Largo, FL 33778

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:

Tasker Beal, Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00

Date

EXT. 6165
727 547 0600

Daytime Phone #