

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900008865249

11/07/02--01046--002 \*\*236.25



REINSTATEMENT 02

DOCUMENT # 710825

1. Corporation Name

FRIENDS OF RIDGECREST, INC.

Principal Place of Business

2253-119TH ST..N.  
LARGO FL 33778

Mailing Address

2253-119TH ST..N.  
LARGO FL 33778

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/02/1966

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	BEAL, TASKER JR.	1731 TAYLOR LAKE PLACE	LARGO FL 33778
SD	POINSETTA, JUANITA	2232 2ND WAY S.W.	LARGO FL 33778
TD	BAILEY, WAYMAN	1090 16TH AVENUE S.W.	LARGO FL 33778
ATD	WATERS, GENEVA	12001 BELCHER RD, APT. N224	LARGO FL 33773
VP	MCCOWTHAN, WANDA	1474 CROSBY STREET	LARGO FL 33778

8. Name and Address of Current Registered Agent

BAILEY, WAYMAN B.  
1090 16TH AVENUE S.W.  
LARGO FL 33770

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/25/02

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)(l), 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 REQUIRED  
TASKER BEAL, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/25/02

Daytime Phone #

EXT 6165  
727 547 0600

CR2E046 (8/02)