

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 APR 17 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715995

1. Corporation Name

Ridgeview Towers, Inc.

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

3051 NE 48th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

Zip

33308

Country

Broward

3. Mailing Office Address

3051 NE 48th Street

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fl.

Zip

33308

Country

Broward

SD0246770855
04/15/13--01006--002 **358.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-1313441

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

William T. Catsonis

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

3051 NE 48th Street

Suite, Apt. #, Etc.

Unit 707

City

Fort Lauderdale

State

FL

Zip Code

33308

SD0246770855
04/15/13--01006--003 **8.75

REINSTATEMENT

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

William T. Catsonis

REGISTERED AGENT MUST SIGN

Date 1/8/13

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	William T Catsonis	3051 NE 48th Street, Unit 707	Fort Lauderdale, 33308
Secretary	Christina McElhaney	3051 NE 48th Street, Unit 604	Fort Lauderdale, 33308
Treasurer	Karen Barry	3051 NE 48th Street, Unit 608	Fort Lauderdale, 33308

10. E-mail Address: wtc4600@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

William T. Catsonis *William T. Catsonis*

1/8/13

954-229-8325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

BA Williams APR 17 2013