FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 OCT 19 AM 8:33

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000005810

1. Corporation Name

Ridge Communications, Inc.

000161892270
10/19/09--01004--021 **600.00

CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
12667 Alcosta Blvd.		12667 Alcosta Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
#175		#175	
City & State		City & State	
San Ramon, CA		San Ramon, CA	
Zip	Country	Zip	Country
94583	US	94583	US

4. Date Incorporated or Qualified To Do Business in Florida 11/2002

5. FEI Number 47-0898643 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Maureen Cullen — Maureen Cullen, VP — Date: 10/8/2009

REGISTERED AGENT MUST SIGN

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	Russ Patridge	12667 Alcosta Blvd. #175	San Ramon, CA 94583
S/T	Michael Patridge	12667 Alcosta Blvd. #175	San Ramon, CA 94583
D	Karen McPherson	12667 Alcosta Blvd. #175	San Ramon, CA 94583
		REINSTATEMENT 06-09	B 10/21/09

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 contained in Chapter 119, 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: Michael Patridge — 10/08/09 — 925-498-2340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #