

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND  
FILED

**CORPORATION  
REINSTATEMENT**



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

00 SEP 29 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001883**

**1. Corporation Name**

Ridgewell's Inc

200003417642--8

-10/06/00-01127-002

\*\*\*1050.00 \*\*\*1050.00

**2. Principal Office Address**

5525 Dorsey Lane

**3. Mailing Office Address**

5525 Dorsey Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bethesda, MD

City & State

Bethesda, MD

Zip

20816

Country

USA

Zip

20816

Country

USA

**REINSTATEMENT** 98-00 SP

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

52-1562076

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

Harold F. X. Purnell / Rutledge, Exenia Purnell & Hoffman, PA

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

215 South Monroe Street

Suite, Apt. #, Etc.

Suite 420

City

Tallahassee

State  
**FL**

Zip Code  
32301

**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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

9-29-00

**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 & Director Thomas Keon	5525 Dorsey Lane	Bethesda, MD 20816
	Chief Executive Officer Susan Lacz	5525 Dorsey Lane	Bethesda, MD 20816
	Chief Operating Officer	5525 Dorsey Lane	Bethesda, MD 20816
	Chairman & Director John Lacz	5525 Dorsey Lane	Bethesda, MD 20816
	Director Leonard Johnson	5525 Dorsey Lane	Bethesda, MD 20816
	Director Carlos Hernandez	5525 Dorsey Lane	Bethesda, MD 20816

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-29-00

Daytime Phone #

CR2E081 (9/99)