

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000017742

Name and Mailing Address

0001108 01. AT 0.292 **AUTO T6 1 0615 32056-15666



RIDGEWAY BRANDS, LLC
P.O. BOX 1566
LAKE CITY FL 32056-1566

03 NOV -3 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
300024378843
11/03/03--01057--001 **150.00



US

2. New Mailing Address 14501 Gulf Blvd		4. State/Country of Formation FL	
City, State, Zip Madeira Beach, FL 33708		5. Date Organized or Qualified To Do Business in Florida 10/16/2001	
Principal Place of Business 14501 GULF BLVD. MADEIRA BEACH FL 33708 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 31-1804807	Applied For <input type="checkbox"/> Not Applicable
8. Name and Address of Current Registered Agent CATON, RICHARD P 9075 SEMINOLE BLVD. SEMINOLE FL 33772		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent [Signature] REQUIRE REQUIRED Date 10/30/03 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EDWARDS, FRED A	8455 PERRYVILLE ROAD 16500 GULF BLVD #253 N. Redington Beach, FL	DANVILLE KY 40022 N. Redington Beach, FL 33708
MGRM	WHITE, CARL B	4040 WATERSTONE DRIVE 16750 GULF BLVD #714	LEXINGTON KY 40508 N. Redington Beach, FL 33708

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager **[Signature]** Date **10/24/03** Daytime Phone # **859-225-4696**

Typed or printed name of signing Managing Member/Manager **CARL B. WHITE**

CR2E084 (7/03)