


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L03000023670</b>	
1. Entity Name RIDGETOP, LLC	

**FILED**

2005 OCT 17 P 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 20 SEASHORE DRIVE GULF BREEZE, FL 32561	Mailing Address 20 SEASHORE DRIVE GULF BREEZE, FL 32561
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2. Principal Place of Business 7201 BRUNER ST Suite, Apt. #, etc.	3. Mailing Address 20 SEASHORE DR Suite, Apt. #, etc.
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10102005 REIN-LLC CR2E101 (6/04)

City & State PENSACOLA, FLA	City & State PENSACOLA Bch, FLA
Zip 32526	Country ESCAMBIA
Zip 32561	Country ESCAMBIA

4. FEI Number 20-0117627	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HIGHTOWER, DAVID E 501 COMMENDENCIA STREET PENSACOLA, FL 32501	
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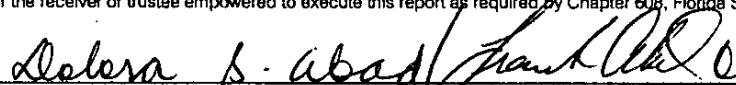
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10/13/05

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR F&D ABAD ENTERPRISE, INC. 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAD, FRANCISCO R. 20 SEASHORE DR. PENSACOLA BEACH, FLA. 32561 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAD, DOLORA S 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000060553 10/17/05--01072--017 **150.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABAD, FE DELILAH S 1118 PREAKNESS DRIVE ALPHARETTA, GA 30022 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AL <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 60B, Florida Statutes.	
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SIGNATURE: 	DATE: Oct 11, 2005
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