2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000023670

1. Entity Name
RIDGETOP, LLC

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

Principal Place of Business	Mailing Address
20 SEASHORE DRIVE GULF BREEZE, FL 32561	20 SEASHORE DRIVE GULF BREEZE, FL 32561

10102005 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
7201 BRUNER ST	20 SEASHORE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGHTOWER, DAVID E 501 COMMENDENCIA STREET PENSACOLA, FL 32501	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 _____ 10/13/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $200.00

Make check payable to Florida Department of State

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	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ABAD, FRANCISCO A. 20 SEASHORE DR. PENSACOLA BEACH, FLA. 32561	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ABAD, DOLORA S 20 SEASHORE DRIVE PENSACOLA BEACH, FL 32561	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000050838 10/17/05--01072--017 **150.00	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ABAD, FE DELILAH S 1118 PREAKNESS DRIVE ALPHARETTA, GA 30022	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 05	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AL	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: Dolora S. Abad Oct 11, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #