PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2010 AUG 31 PM 4: 11 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # L06000008876

1. Limited Liability Company's Name

Ridgewood Imports, LLC

900184703529
08/25/10--01028--003 **377.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 6700 Sparta Rd	3. Mailing Office Address 6700 Sparta Rd.	4. State/Country of Formation Florida
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Date Organized or Qualified To Do Business in Florida Jan. 25, 2006
City & State Sebring, FL	City & State Sebring, FL	6. FEI Number 260-82-2272 ☐ Applied For ☐ Not Applicable
Zip 33875 Country US	Zip 33875 Country US	7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Mark Breed III.

Street Address (P.O. Box Number is Not Acceptable)
325 N. Commerce Ave.

Suite, Apt. #, Etc.

City Sebring	State FL	Zip Code 33870

9. 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 _Mark Breed III_ REGISTERED AGENT MUST SIGN   Date Aug. 10, 2010

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRm	William C. Dailey	6700 Sparta Rd.	Sebring, FL 33875
			REINSTATEMENT 09/10

11. E-mail Address: Chris@wcdailey.com
(To be used for future annual report notifications)

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 _William Daily_   Date 8/9/10   Daytime Phone # 863-381-1737

Typed or printed name of signing Managing Member/Manager _____