

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 24 AM 8:00

DOCUMENT # N02000004776

**1. Corporation Name**

RICKER RIDGE HOMEOWNERS ASSOCIATION, INC.

5175 BLANDING BLVD.  
JACKSONVILLE, FLORIDA 32210

**2. Principal Office Address**

5175 BLANDING BLVD.

**3. Mailing Office Address**

JACKSONVILLE, FLORIDA 32210

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

JACKSONVILLE, FLORIDA

**City & State**

JACKSONVILLE, FLORIDA

**Zip**

32210

**Country**

USA

**Zip**

32210

**Country**

USA

**REINSTATEMENT**

03-04

500040463765

08/24/04--01048--003 \*\*367.50

MRS

**4. Date Incorporated or Qualified**

To Do Business in Florida 6/21/2002

**5. FEI Number**



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**

SCOTT R. BOATRIGHT, ESQUIRE

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

4209 BAYMEADOWS ROAD

Suite, Apt. #, Etc.

**City**

JACKSONVILLE

**State**

FL

**Zip Code**

32217

**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

REGISTERED AGENT MUST SIGN

Date **AUGUST 19, 2004**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip     |
|--------|--------------------------------------|---|------------------------|
| DV     | CHRISTINE TONEY CALDWELL             | 5175 BLANDING BLVD                                | JACKSONVILLE, FL 32210 |
| DV     | JULIE KELLEY                         | 5175 BLANDING BLVD                                | JACKSONVILLE, FL 32210 |
| DP     | EDWARD L. TONEY                      | 5175 BLANDING BLVD                                | JACKSONVILLE, FL 32210 |
|        |                                      |   |                        |
|        |                                      |   |                        |
|        |                                      |   |                        |

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD L. TONEY

8/19/2004

(904) 777-4888

Date

Daytime Phone #

President/Director

CR20081 (01/04)