

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 11:45

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONSSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008617

1. Corporation Name

RIDGEWOOD NEIGHBORHOOD ASSOCIATION, INC

2. Principal Office Address

418 NW 4th AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

BOYNTON BEACH, FL

City &amp; State

Zip

33435

Country

US

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

☒ Applied For☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name

ERICA HAMMOND

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

418 NW 4th AVE

Suite, Apt. #, Etc.

City

BOYNTON BEACH,

State

FL

Zip Code

33435

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

Date

9/9/03

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ERICA HAMMOND	418 NW 4th AVE	BOYNTON BEACH, FL 33435
VP	EVELYN CLARK	906 NW 4th STREET	BOYNTON BEACH, FL 33435
SEC	MYRA JONES	311 NW 4th AVE	BOYNTON BEACH, FL 33435

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:

Erica Hammond

9/9/03

561-369-3545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)