

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 30 PM 2:43

DOCUMENT # N28201

1. Corporation Name

RIDGEFIELD PRESS, INC.

Principal Place of Business

217 SOUTH ADAMS STREET
TALLAHASSEE FL 32301

Mailing Address

217 SOUTH ADAMS STREET
TALLAHASSEE FL 32301

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

40 Owen Goodwyne, atty.
217 S. Adams St

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32301

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

09/06/1988

5. FEI Number

59-2940731

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	COLLINS, PATRICIA	83 GRAND ST - STOREFRONT 40 Studio B 2824-B CAPITAL CIR. NE.	NEW YORK NY 10013 Tallahassee FL 32308
D	BABER, DEBRA	3830 MONTFORD DR	CHAMBLEE GA 30341
DST	GOODWYNE, OWEN	1924 TEMPLE RD.	TALLAHASSEE FL 32303

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8. Name and Address of Current Registered Agent

GOODWYNE, OWEN K.
1924 TEMPLE ROAD
TALLAHASSEE FL 32303

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/26/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA COLLINS

Date

Daytime Phone #

11/09/02 (850) 385-8483

CR2E040 (8/02)