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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT -8 PM 12:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N 93000004139 (2)

1. Corporation Name
RIDGE CHRISTIAN CENTER, INC

2. Principal Office Address	3. Mailing Office Address
7124 FORBES RD	PO BOX 287
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ZEPHYRHILLS, FL	City & State: LAKE ALFRED, FL
Zip: 33541 County: PASCO	Zip: 33850 County: POLK

4. Date Incorporated or Qualified To Do Business in Florida: SEPT 7, 1993

5. FEI Number: 59-3362704 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: DIANNE A. McCLOUD

Street Address (P.O. Box Number is Not Acceptable): 350 W. HAINES BLVD

Suite, Apt. #, etc.:

City: LAKE ALFRED | State: FL | Zip Code: 33850

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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: Dianne A McCloud — REGISTERED AGENT MUST SIGN — Date: 10/3/01

CR2E041 (8/00)

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+D	JOHN O McCLOUD, SR	1712 LILAC AVE	CHESAPEAKE VA 23325
VSD	LINDA N McCLOUD,	1712 LILAC AVE	CHESAPEAKE VA 23325
D	MICHAEL G. SAVAGE	4410 MOHICAN TRAIL	VALRICO, FL 33594
D	STEPHEN V. McCLOUD	720 VALLEY STREAM RD	CHESAPEAKE VA 23325
D	JEFFREY T. LIPPS	2827 LAMBERT TRAIL	CHESAPEAKE VA 23323
D	JOHN O. McCLOUD, JR.	350 W. HAINES BLVD	LAKE ALFRED, FL 33850

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: Linda N. McCloud — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/3/01 — Daytime Phone #: (863) 956-8831

Ridge Christian Center, Inc.

P. O. Box 287
Lake Alfred, Florida 33850

October 3, 2001

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of Document No N93000004139

To Whom It May Concern:

This letter is to acknowledge that I have not received any corporation papers for filing due to incorrect address in your system. In May of 2000 a change of address was sent by this Corporation. As stated by your representative our address had not been entered and you did in fact have the forms returned to you. I am requesting that you waive the penalty fees for reinstatement.

I am enclosing the annual filing fee of $61.25 for a non-profit organization filing.

Thank you for your prompt attention in this reinstatement.

Sincerely,

Ridge Christian Center, Inc.

Linda N. McCloud

Linda N. McCloud
Vice-President/Secretary