

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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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 93 00000 4139 (2)

1. Corporation Name

RIDGE CHRISTIAN CENTER, INC

2. Principal Office Address

7124 FORBES RD

3. Mailing Office Address

PO BOX 287

Subs., Apt. #, etc.

Subs., Apt. #, etc.

City & State

ZEPHYRHILLS, FL

City & State

LAKE ALFRED, FL

Zip

33541

Country

PASCO

Zip

33850

Country

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. MC CLOUD

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

350 W. HAINES BLVD

Subs., Apt. #, etc.

City

LAKE ALFRED

State

FL

Zip Code

33850

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Dianne A. McCloud

REGISTERED AGENT MUST SIGN

Date 10/3/01

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
PTD	JOHN O. MC CLOUD, SR	1712 LILAC AVE	CHESAPEAKE VA 23325
VSD	LINDA N. MC CLOUD,	1712 LILAC AVE	CHESAPEAKE VA 23325
D	MICHAEL G. SAVAGE	4410 MOHICAN TRAIL	VALRICO, FL 33594
D	STEPHEN V. MC CLOUD	720 VALLEY STREAM RD	CHESAPEAKE VA 23325
D	JEFFREY T. LIPPS	2827 LAMBERT TRAIL	CHESAPEAKE VA 23323
D	JOHN O. MC CLOUD, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/3/01 (863) 956-8831

Date

Define Phone #

Ridge Christian Center, Inc.

P. O. Box 287
Lake Alfred, Florida 33850

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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:

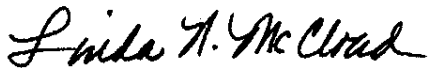
This letter is to acknowledge that I have not received any corporation papers for filing due to incorrect address in your system. In May of 2000 a change of address was sent by this Corporation. As stated by your representative our address had not been entered and you did in fact have the forms returned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