

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NA6000000326**

1. Corporation Name

Pine Ridge Riders Organization, Inc.

2. Principal Office Address

5690 W. Pine Ridge Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

5690 W. Pine Ridge Blvd

Suite, Apt. #, etc.

City & State

Beverly Hills, Florida

Zip

34465

Country

USA

City & State

Beverly Hills, FL

Zip

34465

Country

USA

REINSTATEMENT

97-00

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 24, 1996

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

Patricia Wetherel

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

3946 N. Pony Drive

Suite, Apt. #, Etc.

City

Beverly Hills,

State
FL

Zip Code

34465

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

Patricia Wetherel

REGISTERED AGENT MUST SIGN

Date **April 12, 2000**

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	Jeanette Trombley - D	4165 N. Pony Drive	Beverly Hills, FL 34465
T/D	Patricia Wetherel - D	3946 N. Pony Drive	Beverly Hills, FL 34465
S/D	Lacey DiFilippo - D	5538 Bravado Terr.	Beverly Hills, FL 34465

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:

Patricia Wetherel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000

Date

(352) KE

527-7445

Daytime Phone #

CR2E081 (9/99)