

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 16 AM 10:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000058721

1. Corporation Name

ROCK CREEK RIDGE, INC.

Principal Place of Business

Mailing Address

~~4 TOWN SQUARE~~  
~~BURNSVILLE NC 28714~~

~~4 TOWN SQUARE~~  
~~SUITE A~~  
~~BURNSVILLE NC 28714~~



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

2. New Principal Office Address, If Applicable

404 PECAN DR

3. New Mailing Office Address, If Applicable

P.O. Box 886

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AMERICUS, GA

City & State

AMERICUS, GA

Zip

31709

Country

SUMTER

Zip

31709

Country

SUMTER

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/2000

5. FEI Number

APPLIED FOR

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>POE, LEONARD</del>	<del>4 TOWN SQUARE</del>	<del>BURNSVILLE NC 28714</del>
D, P	CACCIATORE, MICHAEL	404 PECAN DR.	AMERICUS GA 31709

8. Name and Address of Current Registered Agent

POE, STUART  
1808 LEGRANDE  
DUNEDIN FL 34698

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]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

11/29/02

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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DIRECTOR, PRES 11/29/02 229-924-9580

CR2E040 (8/02)

FAKED 12/9/02

Form **SS-4**

# Application for Employer Identification Number

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN
OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>ROCK CREEK RIDGE, INC.</u>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>P.O. BOX 886</u>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <u>AMERICUS, GA 31709</u>		5b City, state, and ZIP code
	6 County and state where principal business is located <u>SUMTER, GA</u>		
	7a Name of principal officer, general partner, grantor, owner, or trustor <u>MICHAEL CACCIATORE</u>		7b SSN, ITIN, or EIN <u>267-47-7362</u>
	8a Type of entity (check only one box) <input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (SSN) <input type="checkbox"/> Trust (SSN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> REMIC <input type="checkbox"/> State/local government <input type="checkbox"/> Federal government/military <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶		
8b If a corporation, name the state or foreign country (if applicable) where incorporated State <u>FL</u>		Foreign country	
9 Reason for applying (check only one box) <input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Real Estate Development</u> <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) <u>6/12/00</u>		11 Closing month of accounting year <u>12/31/02</u>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <u>UNKNOWN</u>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶ Agricultural <u>0</u> Household <u>0</u> Other <u>0</u>			
14 Check one box that best describes the principal activity of your business. <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <u>NONE</u>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) City and state where filed Previous EIN			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name		Designee's telephone number (include area code) ( )
	Address and ZIP code		Designee's fax number (include area code) ( )
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (type or print clearly) ▶ <u>MICHAEL CACCIATORE, PRESIDENT</u>		Applicant's telephone number (include area code) <u>(229) 924-9580</u>	
Signature ▶ <u>[Signature]</u>		Applicant's fax number (include area code) <u>(229) 924-1707</u>	
Date ▶ <u>11/29/02</u>			

**Rock Creek Ridge, Inc.**  
**404 Pecan Drive**  
**Amicus, GA 31709**

November 29, 2002

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

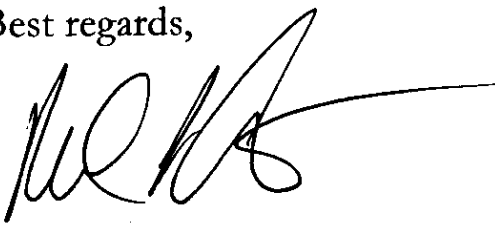
Re: Reinstatement

Dear sirs:

Enclosed is my corporation's application for reinstatement and the appropriate UBR filing fee of \$150.00. We did not receive the two prior notices, and would like future notices to be mailed to the address listed on the reinstatement application.

Thank you for your attention to this matter.

Best regards,

A handwritten signature in black ink, appearing to read 'Michael Cacciatore', with a long horizontal flourish extending to the right.

Michael Cacciatore  
Director