PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 DEC -7 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000108142

1. Corporation Name
4393 Ridgewood Ave., Inc.

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1139 N. Halifax Ave.	1139 N. Halifax Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Daytona Beach, FL	City & State: Daytona Beach, FL
Zip: 32118 Country: USA	Zip: 32118 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/08/2001

5. FEI Number: 0205-48419 ☐ 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: Sybil H. Borns

600082651206
12/19/06--01050--014 **458.75

Street Address (P.O. Box Number is Not Acceptable): 1139 North Halifax Avenue

Suite, Apt. #, Etc.

City: Daytona Beach State: FL Zip Code: 32118

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: X Sybil H. Borns REGISTERED AGENT MUST SIGN Date: X 12/05/06

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
PD	Sybil H. Borns	1139 N. Halifax Ave	Daytona Beach, Fl 32118
			600082651206 12/19/06--01050--015 **500.00
			600082651206 12/19/06--01050--016 **100.00

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 contained in Chapter 119, 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: X Sybil H. Borns Date: X 12/05/06 Daytime Phone #: (386) 252-6408

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR