

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02000037476**

1. Corporation Name

RIDAN INVESTMENTS, INC.

2. Principal Office Address

4558 CLYDE MORRIS BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

||

City & State

PORT ORANGE, FL

City & State

||

Zip

32129

Country

Volusia

Zip

||

Country

||

FILED

04 JUN 11 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

300037731053
06/08/04--01001--017 **758.75

WOP

4. Date Incorporated or Qualified
To Do Business in Florida

3-27-2002

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

EDWARD J. KENNY

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

4558 CLYDE MORRIS BLVD.

Suite, Apt. #, Etc.

4

City

PORT ORANGE

State

FL

Zip Code

32129

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

Edward J. Kenny
REGISTERED AGENT MUST SIGN

Date **6-4-04**

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
DIR PRES	NICHOLAS DORICH	SAME	SAME

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:

Nicholas Dorich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04

Date

228-831-9380

Daytime Phone #

CR2E081 (01/04)