

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 17 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085990

1. Corporation Name

SERENITY RIDGE HOLDINGS, INC.

800024241508
10/29/03--01012--007 **900.00

REINSTATEMENT 03

2. Principal Office Address

7376 C.R. 710

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Center Hill, Florida

City & State

Zip
33514

Country
U.S.A.

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/08/02

5. FEI Number

81-0565435

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

Lawrence J. Marchbanks

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

110 Cleveland Avenue

Suite, Apt. #, Etc.

City

Wildwood

State
FL

Zip Code
34785

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

REGISTERED AGENT MUST SIGN

Date 10/15/03

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 |
|--------|--------------------------------------|---|-----------------------|
| D | Robert C. Lamb | 7376 C.R. 710 | Center Hill, FL 33514 |
| D,S | Maria E. Lamb | 7376 C.R. 710 | Center Hill, FL 33514 |
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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:

Robert C. Lamb

Robert C. Lamb

10/15/03

Date

352-793-8990

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)