


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 Nov 1 PM 4:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P 03000095005				
1. Corporation Name Old Ridge Road Corp.				
2. Principal Office Address 8150 Brent St Suite, Apt. #, etc.		3. Mailing Office Address C/O Erdheim 732 Central Ave Suite, Apt. #, etc.		
City & State Port Richey, FL Zip 34668		City & State Woodmere, NY Zip 11598		
4. Date Incorporated or Qualified To Do Business in Florida 8/29/03		5. FEI Number 20-0206941 Applied For Not Applicable		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name: Ray Kaiser				
Street Address (P.O. Box Number is Not Acceptable): 8150 Brent St				
Suite, Apt. #, Etc.: ,				
City: Port Richey		State: FL Zip Code: 34668		
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: <i>Ray Kaiser</i>		Date: 10/15/06		
REGISTERED AGENT MUST SIGN				
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	Ray Kaiser	8150 Brent St	Port Richey FL 34668	
VSD	Kurt Kaiser	8150 Brent St	Port Richey FL 34668	
TD	Robert Kaiser	8150 Brent St	Port Richey FL 34668	
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: <i>Ray Kaiser</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 10/15/06 Daytime Phone #: 727-842-2915		

**Ridge Road Corp
8150 Brent St
Port Richey, FL 34668**

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

OCTOBER 15
~~September 25~~, 2006

Re: Ridge Road Corp.
P03000095005
Reinstatement

Dear Dept of State:

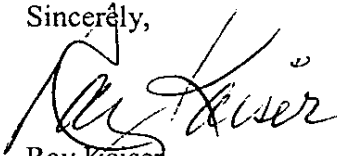
We have been informed that our company was dissolved on 10/1/04 and we would like to be reinstated. Enclosed please find a check for \$458.75 representing the \$61.25 annual report fee and the \$88.75 supplemental fee for three years (2004, 2005, 2006), plus \$8.75 for a Certificate of Status.

We have also enclosed Articles of Amendment to change the name since our original name is no longer available. The \$35 for the amendment ~~was already paid and we enclosed a copy of the cancelled check.~~
IS ENCLOSED.

We respectfully request a waiver of the \$600 reinstatement fee based on the fact that we did not receive the annual report in the year we were dissolved. Please change our mailing address to the address shown in box 3 of our annual report.

Thank you for your consideration.

Sincerely,


Ray Kaiser,
President, Director