

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL 28 AM 8:17

DOCUMENT # P03000153370

1. Corporation Name

Ridge Propane Fuel, Inc.

2. Principal Office Address - No P.O. Box #

239 W. Lake Isis Ave

Suite, Apt. #, etc.

3. Mailing Office Address

P O Box 10

Suite, Apt. #, etc.

City & State

Avon Park, FL

Zip

33826

Country

U.S.

City & State

Avon Park, FL

Zip

33826

Country

U.S.

7. Name and Address of Current Registered Agent

Name

Eric Small

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

239 W. Lake Isis Ave

Suite, Apt. #, Etc.

City

Avon Park

State

FL

Zip Code

33826

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 7-3-08

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
President/P/D	Eric Small	239 W. Lake Isis Ave	Avon Park, FL 33826
Secretary/D	Julia Small	315 Triangle Ave	Paducah, KY 42001
Director			7/30/08
			REINSTATEMENT 07-08

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-08

(800) 874-4427
Daytime Phone # X-118