2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000051441

1. Entity Name
A VIEW FROM THE RIDGE, INC.

FILED

07 APR -9 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06-07

03092007 REIN-P CR2E098 (1/07)

Principal Place of Business	Mailing Address
5167 BEACHWALK DRIVE DESTON, FL 32550 US	P.O. BOX 1685 DESTIN, FL 32550 US

2. Principal Place of Business (no P.O. Box)	3. Mailing Address
16268 North Shore Dr.	Same
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State: Pensacola, FL	City & State
Zip: 32507-8305 County: Escambia	Zip: County:

4. FEI Number: 80-0101992 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SNOWDEN, SHARON D 5167 BEACHWALK DRIVE DESTIN, FL 32550	Ridgely Goldsborough Street Address (P.O. Box Number also Acceptable): 16268 North Shore Dr. City: Pensacola FL Zip Code: 32507

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of the registered agent.

SIGNATURE: N. Ridgely Goldsborough 4/2/07
(Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS OR CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOWDEN, SHARON D 5167 BEACHWALK DRIVE DESTIN FL, FL 32550	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSBOROUGH, RIDGELY 13333 JOHNSON BEACH ROAD PENSACOLA, FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CEO N. Ridgely Goldsborough 16268 North Shore Dr. Pensacola, FL 32507
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300097296483 04/18/07--01009--018 **300.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: N. Ridgely Goldsborough 4/4/07 850 291-6575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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