

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000080571

1. Corporation Name

QUAIL RIDGE, INC.

Principal Place of Business

Mailing Address

~~RT. 4, BOX 8100~~
HILLIARD FL 32046

27002 Geiger Rd.

~~RT. 4, BOX 8100~~ 27002 Geiger Rd.
HILLIARD FL 32046



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

59-3474755

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	GEIGER, JOSEPH R	RT. 4, BOX 8100 27002 Geiger Rd.	HILLIARD FL 32046
D	GEIGER, ROBERT R	RT. 4, BOX 8098 27002 Geiger Rd.	HILLIARD FL 32046
D	GEIGER, MELANIE D	RT. 4, BOX 8100 27002 Geiger Rd.	HILLIARD FL 32046

200024024672
10/22/03--01069--006 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GEIGER, JOSEPH R

~~RT. 4, BOX 8100~~

HILLIARD FL 32046

27002 Geiger Rd.

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Joseph R. Geiger
REGISTERED AGENT MUST SIGN

Date 10/18/03

11. 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:

Joseph R. Geiger
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/03

CR20040 (7/03)



QUAIL RIDGE INC.

Hunting Preserve



27002 Geiger Rd. • Hilliard, FL 32046 • 904-845-7080 • 904-845-2476 • Fax 904-845-4993

October 17, 2003

To Whom it may concern,

In January of 2003 we had an address change by the 911 emergency system her in Nassau County, I did not receive a notice about my corporation buisness report. Therefore I am requesting that the penalty be waived.

You will find enclosed the report and filing fee.

Thank you,

Quail Ridge Inc.

Robert R. Geiger

Joseph R. Geiger