

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1062

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000034423**

1. Corporation Name

**RIDGE-MOSS PROPERTIES, INC.**

Principal Place of Business

Mailing Address

1160 W DESOTO ST  
CLERMONT FL 34711

145 E. BROAD STREET.P.O. BOX 447  
GROVELAND FL 34736

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 <b>04/13/1998</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-3514899</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	IRVIN, DAVID H	9123 MOSSY OAK LANE	CLERMONT FL 34711
DVP	GREEN, DOUGLAS	12604 LAKE RIDGE CIRCLE	CLERMONT FL 34711
ST	IRVIN, DAVID	9123 MOSSY OAK LANE	CLERMONT FL 34711
			100003500861--3 -12/14/00--01014--004 ****158.75 ****158.75
			<b>SP</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WYNN, W. SCOTT ESQUIRE  
145 E. BROAD STREET  
GROVELAND FL 34736

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.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date **11-22-00**

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:

*David H. Irvin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID H. IRVIN

11/21/2000 352-242-0844

CR2ED40 (8/00)

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**November 21, 2000**

**Dear Sir:**

**Enclosed you will find an application for  
reinstatement of Ridge-Moss Properties Inc.**

**This was the first statement we received  
regarding this matter. A telephone conversation  
with your office instructed us to submit this  
application along with a brief explanation and a  
\$150 check.**

**If there is any questions or further instructions  
please feel free to call.**

**Thank-you,**

*David Irvin President*

**David Irvin President  
Ridge-Moss Properties Inc.**

**David Irvin President  
352 - 242 - 0864**

**Doug Green Vice President  
352 - 241 - 4886**