

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -3 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000036280

1. Corporation Name

RIDGEWOOD LAND ACQUISITIONS, Inc

2. Principal Office Address

1501 S. Ridgewood

Suite, Apt. #, etc.

3. Mailing Office Address

4450 McKibben

Suite, Apt. #, etc.

City & State

Edgewater FL

City & State

North Port FL

Zip

32132

Country

USA

Zip

34287

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/20/1998

5. FEI Number

593530973

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Debra A. Dorcy

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

4450 McKibben Drive

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34287

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

Debra A. Dorcy

REGISTERED AGENT MUST SIGN

Date 11/26/03

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
D	Debra A. Dorcy	4450 McKibben Dr	North Port, FL 34287

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 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:

Debra A. Dorcy

DEBRA A. DORCY

Date

11/26/03

Daytime Phone #

941-
423-8928

CR2E081 (10/02)