

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUL 26 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000042514**

1. Corporation Name

Pleasant Ridge Estates, Inc.

2. Principal Office Address

2737 Bob Sikes Road

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32433

Country

USA

3. Mailing Office Address

2737 Bob Sikes Road

Suite, Apt. #, etc.

City & State

DeFuniak Springs, FL

Zip

32433

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/21/98

SP

5. FEI Number

59-3546568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 09-00

7. Name and Address of Current Registered Agent

Name

William H. Green

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

664 Baldwin Ave.

Suite, Apt. #, Etc.

City

DeFuniak Springs

State
FL

Zip Code

32435

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

William H. Green

Date

7/26/2000

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
Pres.	Rebecca L. McMillian	2737 Bob Sikes Road	DeFuniak Springs, FL 32433
Sec./			
Treas.	Quinn A. McMillian	2737 Bob Sikes Road	DeFuniak Springs, FL 32433

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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:

Quinn A. McMillian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00
Date

850-892-7187
Daytime Phone #

CR2E081 (9/99)