

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -8 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000104223

1. Corporation Name

Rock Ridge Restaurant, Inc.

2. Principal Office Address

7602 N. Lockwood Ridge Rd

Suite, Apt. #, etc.

City & State

SARASOTA FLA

Zip

34243

Country

USA

3. Mailing Office Address

7621 15TH ST E

Suite, Apt. #, etc.

SUITE 1B

City & State

SARASOTA FLA

Zip

34243

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/99

5. FEI Number

65-0950109

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

CLINTON A CURTIS

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

141 5TH ST NW

Suite, Apt. #, Etc.

900003743309-2

-02/20/01--01067--014

\*\*\*\*\*300.00 \*\*\*\*\*300.00

City

WINTER HAVEN

State

FL

Zip Code

33883-7608

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 2/6/01

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

ED

JOHN C HORNE

8403 MARINA DR

HOLMES BEACH FL 34217

VP

PATRICIA T GIBSON

3510 CRYSTAL LAKES CT

SARASOTA FL 34235

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN C HORNE

1/22/01

Date

941-358-7886

Daytime Phone #

CR2E081 (9/00)



Anna Maria Oyster Bar  
The Lazy Lobster

7621 15<sup>th</sup> Street East - Unit 1B  
Sarasota, FL 34243  
(941) 358-7886  
FAX (941) 358-5616



January 23, 2001

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: P99000104223

Dear Sir or Madam,

We phoned your office when we did not receive our renewal for 2001. We were advised that the correspondence was mailed to the wrong address in 2000 and returned to the Division of Corporations and subsequently placed for administrative dissolution. We filed in November of 1999 and thought this was for 2000 since we did not receive the renewal/annual statement with our other two corporations.

Please accept our check for \$300 for the years 2000 and 2001 with our apologies for any misunderstanding and address snafu on our part.

Sincerely,

  
John C. Horne  
President

Enclosure

Cc: Clinton A. Curtis, Esq.

JCH/lv