| LEASE READ   | ALL INSTRUCTION                   | S BEFORE (   | COMPLET                                 | ING THIS FORM.                 |                 |  |
|--|-----------------------------------|--|---|--------------------------------|-----------------|--|
| APPLICATION "  | FLÒRIDA DEPARTM                   | FINT OF STATE  |   |                                |                 |  |
| FOR Secretary of state   |                                   |  | المرابعة المرابعة                       |                                |                 |  |
| REINSTATEMENT DIVISION OF COMPRATIONS  |                                   |  | FILED                                   |                                |                 |  |
| DOCUMENT # F9400003530  1. Corporation Name  |                                   |  | 02 APR 30 PH 2: 16                      |                                |                 |  |
| E. D. I. MANAGEMENT, INC.  |                                   |  | SECRETARY OF STATE TALLAHASSEE. FLORIDA |                                |                 |  |
| L. D. I. INICIARGENIENT, INC.  |                                   |  | TALLAHASSEE. FLORIDA                    |                                |                 |  |
| Principal Place of Business  | Mailing Address                   | A INDIVIDUAL TIPE A PROPERTY OF THE PROPERTY O |   |                                |                 |  |
| P.O. BOX 4009<br>EASTMAN GA 31023  | P.O. BOX 4009<br>EASTMAN GA 31023 |  |   |                                |                 |  |
| If above addresses are incorrect in any way, line through into rect information and enter correction below.  |                                   |  | REINSTATEMENTO1-02                      |                                |                 |  |
| New Principal Office Address, If Applicable     New Mailing Office   |                                   | If Applicable  | 4. Date incorp                          | orated or Qualified            |                 |  |
| Suite, Apt. #, etc.  | 5/05/6 TA<br>Suite, Apt. #, etc.  | etc.   |   | ness in Florida 07/06/19       | 94              |  |
| City & State   | City & State /                    | <u> </u>   | . 5. FEI Number                         | 58-1519563                     | Applied For     |  |
| EASTMAN 64<br>31023 Country  | EASTMAN Coun                      | itry   | 6.                                      | \$8.75 Additio                 | Not Applicable  |  |
|  | 2/023                             |  | <u> </u>                                | OF STATUS DESIRED for a Certif | icate of Status |  |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Officers Street Address of Each   |                                   |  |   |                                |                 |  |
| Title(s) and/or Directors 3  |                                   | Officer and/or Director  |   | City / State / Zip             |                 |  |
| P GIDDENS, TODD D  | HWY. 23 NORT                      | HWY. 23 NORTH  |   | EASTMAN GA 31023               |                 |  |
| S DUKES, BETTY JUMP  |                                   | WY. 23 NORTH P. O. Box 1076 EASTMAN GA 31023 - 1076  |   |                                | -               |  |
|  |                                   | •  | 70                                      | 0005491437<br>-05/08/0201031   |                 |  |
|  |                                   | ****450.00 ****450.00  |   |                                |                 |  |
| Reinstatement fee to be waired I mage API posted another corporations  |                                   |  |   |                                |                 |  |
| WBR to this corp. causing the corp. to be dissolved, AR  |                                   |  |   |                                |                 |  |
| 8. Name and Address of Current R   | egistered Agent                   |  | 9. Name and A                           | ddress of New Registered Agent |                 |  |
| C T CORPORATION SYSTEM   | Name                              | Name (6)   |   |                                |                 |  |
| 1200 S. PINE ISLAND RD.  | Street Address (P                 | Street Address (P.O. Box Number is Not Acceptable)   |   |                                |                 |  |
| PLANTATION FL 33324  | Suite, Apt. #, Etc.               | Suite, Apt. #, Etc.  |   |                                |                 |  |
|  | City State 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 ALEX IGN  |                                   |  |   |                                |                 |  |
| 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 filling 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: STANDER MARCHINES   |                                   |  |   |                                |                 |  |
| SIGNATURE AND TOPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR  Daytime Phone #  |                                   |  |   |                                |                 |  |



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 16, 2002

E. D. I. MANAGEMENT, INC. P.O. BOX 1076 EASTMAN, GA 31023

SUBJECT: E. D. I. MANAGEMENT, INC.

Ref. Number: F9400003530

We have received your document for E. D. I. MANAGEMENT, INC. and check(s) totaling \$900.00. However, your check(s) and document are being returned for the following:

Please be advised, when I was attempting to reinstate the corporation, it was discovered the vendor that files the uniform business report posted an incorrect report to your corporation in 2000. As a result you did not receive your uniform business report notices. We will waive the \$600.00 reinstatement fee, only the \$150.00 uniform business report fee for each year 2000, 2001 and 2002.

The total amount due is \$450.00.

After the corrections have been made, please return the document and a copy of this letter to my personal and confidential attention at the address below within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator

Letter Number: 102A00022603