

**2007 FOR PROFIT CORPORATION
REINSTATEMENT**

FILED

2007 OCT 30 AM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007 REIN-P CR2E098 (1/07)

DOCUMENT # F95000003084					
1. Entity Name EDERA INC.					
Principal Place of Business 301 RT 17 NORTH 4TH FLOOR RUTHERFORD, NJ 07070 RUTHERFORD			Mailing Address 301 RT 17 NORTH 4TH FLOOR RUTHERFORD, NJ 07070 RUTHERFORD		
2. Principal Place of Business - No P.O. Box # 301 RT 17 NORTH		3. Mailing Address 301 RT 17 NORTH			
Suite, Apt. #, etc. 4TH FLOOR		Suite, Apt. #, etc. 4TH FLOOR			
City & State RUTHERFORD, NJ		City & State RUTHERFORD, NJ			
Zip 07070	Country USA	Zip 07070	Country USA	4. FEI Number 13-3560467	
				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		
			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <i>x Doreen Wallace</i>		Doreen Wallace Assistant Vice President		10/29/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP STAFF, MARTIN 650 5TH AVENUE NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500111504015 10/30/07--01055--025 **758.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCFO SPIEL, ERIC 650 5TH AVENUE NEW YORK, NY 10019	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFC DECARLO, THOMAS 301 RT 17 NORTH, 4TH AVENUE RUTHERFORD, NJ 07070	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i>				10/15/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

11/20