

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 22 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000073688

1. Corporation Name

EDESIGNWARE INC.

REINSTATEMENT 02-03

2. Principal Office Address

343 DeBary Ave

Suite, Apt. #, etc.

3. Mailing Office Address

343 DeBary Ave

Suite, Apt. #, etc.

City & State

DeBary FL

City & State

DeBary FL

Zip

32713-3299

Country

US

Zip

32713-3299

Country

US

700008795217

09/22/03--01089--003 **150.00

11/5/02 01014 801 *750.00

4. Date Incorporated or Qualified To Do Business in Florida

8/12/1999

5. FEI Number

59-3594439

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

Nemeth, Thomas J

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

343 DeBary Ave

700008795217

Suite, Apt. #, Etc.

City

DeBary

State

FL

Zip Code

32713-3299

MRS

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

REGISTERED AGENT MUST SIGN

Date 9/19/03

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
VP	Nemeth, Deborah L	343 DeBary Ave	DeBary, FL 32713-3299

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:

Deborah L. Nemeth

9/19/03

386-668-0605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)