


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>99 OCT 28 PM 3: 59</b>	
<b>DOCUMENT # 812476</b> 1. Corporation Name <b>THE EDGEWATER ARMS, INC.</b>					
Principal Place of Business <b>3600 GALT OCEAN DRIVE</b> <b>FT LAUDERDALE FL 33308</b>		Mailing Address <b>3600 GALT OCEAN DRIVE</b> <b>FT LAUDERDALE FL 33308</b>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. <b>Edgewater Arms</b> <b>3600 Galt Ocean Drive</b> City & State <b>Fort Lauderdale, FL 33308</b> Zip _____ Country _____		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. <b>Edgewater Arms</b> <b>3600 Galt Ocean Drive</b> City & State <b>Fort Lauderdale, FL 33308</b> Zip _____ Country _____		4. Date Incorporated or Qualified To Do Business in Florida <b>08-31-99 20005 019 A 350-00</b> <b>01/13/1958</b>	
		5. FEI Number <b>59-0861857</b>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
P	HUGHES, ROBERT W. LEO MOSCATO, SR.	3600 GALT OCEAN DR #11C	FT LAUDERDALE FL 33308		
VPT	DE MERLIS, GUY NO STANDING UP.	3600 GALT OCEAN DR	FT LAUDERDALE FL 33308		
T	GALLARD, HERMANO THOMAS WAHL	3600 GALT OCEAN DRIVE #8F	FT LAUDERDALE FL 33308		
S	ANN-MANNER LAURA BROGAN	3600 GALT OCEAN DR. #6A	FT LAUDERDALE FL 33308		
D	MOSCATO, LEO ANTHONY FARERI	3600 GALT OCEAN DR #14B	FT LAUDERDALE FL 33308		
D	HORVATH, PAUL DOROTHY PALMER	3600 GALT OCEAN DR #10B	FT. LAUDERDALE FL 33308		
8. Name and Address of Current Registered Agent <b>HUGHES, ROBERT W</b> <b>3600 GALT OCEAN DR</b> <b>APT 14-B</b> <b>FT LAUDERDALE FL 33308</b> <b>ROK</b>		9. Name and Address of New Registered Agent Name <b>ROYALE Management SVCS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2319 N Andrews Ave</b> Suite, Apt. #, Etc. <b>0000030352508-4</b> City <b>Fort Lauderdale</b> State <b>FL</b> Zip <b>33311</b> Date <b>11/13/99</b>			
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 <u><i>Theresa G. J. Sec/Theresa</i></u> Date <b>10/19/99</b> REGISTERED AGENT MUST SIGN					
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 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: <u><i>[Signature]</i></u> <b>10-24-99</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					