

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P98000060589**

1. Corporation Name

**THE STRATEGIC EDGE, INC.**

2. Principal Office Address - No P.O. Box #

**235 Catalonia Avenue**

Suite, Apt. #, etc.

3. Mailing Office Address

**235 Catalonia Avenue**

Suite, Apt. #, etc.

City & State

**Coral Gables, FL**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**USA**

Zip

**33134**

Country

**USA**

7. Name and Address of Current Registered Agent

Name

**Brian May**

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

**235 Catalonia Avenue**

Suite, Apt. #, Etc.

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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

*Brian E. May*  
REGISTERED AGENT MUST SIGN

Date **6/24/10**

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
Pres	Brian May	235 Catalonia Avenue	Coral Gables, FL 33134

10. E-mail Address: **bmay3@me.com**

(To be used for future annual report notification)

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. I further certify, 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:**

*Brian E. May*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**6-24-10**

**305-461-4260**

**FILED**

**10 JUN 28 PM 4:22**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**500182678695**  
**06/28/10--01041--017 \*\*1050.00**

**REINSTATEMENT**

CR2E081 (6/10)

4. Date Incorporated or Qualified  
To Do Business in Florida **7/9/98**

5. FEI Number  
**65-0853162**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status