

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUN -1 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 171094

1. Corporation Name

EDGE CORDAGE COMPANY, INC.

2. Principal Office Address

4000 NW 31 AVE

Suite, Apt. #, etc.

City & State

MIAMI

Zip

FL

Country

33142

3. Mailing Office Address

PO Box 420944

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33242

Country

MIAMI-DADG

REINSTATEMENT

95-00

4. Date Incorporated or Qualified To Do Business in Florida

11/11/1952 SP

5. FEI Number

59-0684209

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

ZACKARY O. EDGE

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

4000 NW 31 AVE

Suite, Apt. #, Etc.

300003344003-0

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***1500.00 ***1500.00

City

MIAMI

State

FL

Zip Code

33142

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

Zackary O. Edge
REGISTERED AGENT MUST SIGN

Date

5/31/00

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
P, D	ZACKARY O. EDGE	4000 NW 31 AVE	MIAMI, FL 33142

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:

Zackary O. Edge
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/31/00

Daytime Phone #

(305) 638-3343

CR2E081 (9/99)