

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 301242

1. Corporation Name

THE EDGEWATER HOUSE CORPORATION

Principal Place of Business

2720 SOUTH COUNTY RD  
PALM BEACH FL 33480

Mailing Address

2720 SOUTH COUNTY RD  
PALM BEACH FL 33480

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

01/26/1973

5. FEI Number

59-1163184

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$6.75 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)<br>1 | Name of Officers<br>and/or Directors<br>2 | Street Address of Each<br>Officer and/or Director<br>(Do NOT Use Post Office Box Numbers)<br>3 | City / State / Zip<br>4 |
|---------------|---|--|-------------------------|
| P             | COHEN, SHIRLEY                            | 2720 SOUTH OCEAN BLVD  | PALM BCH, FL 00000      |
| VP            | <del>RAPAPORT, MORRIS</del> Bernice Rosen | 2720 SOUTH COUNTY RD   | PALM BCH, FL 00000      |
| T             | <del>BOCK, MURRAY</del> Daniel Lieblich   | 2720 S OCEAN BLVD  | PALM BEACH FL           |
| S             | <del>ROSEN, BERNICE</del> Margaret Smyth  | 2720 SOUTH OCEAN BLVD  | PALM BEACH FL           |
| <del>S</del>  | <del>DRUMMEY, G PATRICIA</del>            | 2720 SOUTH OCEAN BLVD  | PALM BCH FL             |

400002837394--8  
-04/13/99 -01006--009  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

~~HOPKINS, MARY S CPA~~  
~~784 US HWY 1~~  
~~SUITE 1~~  
~~N PALM BEACH FL 33408~~

9. Name and Address of New Registered Agent

Name Guy M. Shir, Esq.  
Street Address (P.O. Box Number is Not Acceptable) 500 Australian Avenue Sarah, 9th floor  
Suite, Apt. #, Etc.  
City West Palm Bch State FL Zip Code 33401

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

REGISTERED AGENT MUST SIGN

Date 3/29/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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:

Shirley Cohen Mrs.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Shirley Cohen

Date

Daytime Phone #

CR2E-040 (4/98)