

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 DEC 28 PM 3:11


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100163979021
12/28/09--01039--009 **300.00

REINSTATEMENT 08-09

CR2E081 (11/09)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F05000004353

1. Corporation Name

EDWARDS & ASSOCIATES, INC

~~7109020054881~~

| | |
|---|---|
| 2. Principal Office Address - No P.O. Box # 450 Industrial Park Road | 3. Mailing Office Address 450 Industrial Park Road |
|---|---|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|---------------------------------|---------------------------------|
| City & State Piney Flats, TN | City & State Piney Flats, TN |
|---------------------------------|---------------------------------|

| | | | |
|--------------|----------------|--------------|----------------|
| Zip 37686 | Country USA | Zip 37686 | Country USA |
|--------------|----------------|--------------|----------------|

4. Date Incorporated or Qualified To Do Business in Florida 03/23/07

| | |
|-----------------------------|--|
| 5. FEI Number 62-1013793 | Applied For <input type="checkbox"/> 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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 CT Corporation System Date 12/16/09
REGISTERED AGENT MUST SIGN

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 | Greg Williams | 450 Industrial Park Road | Piney Flats, TN 37686 |
| VP | Arnold Friedman | 40 Westminster St | Providence, RI 02903 |
| VP & S | Felipe Gumucio | 600 East Hurst Blvd | Ft. Worth, TX 76053 |
| VP | Mary Lovejoy | 40 Westminster St | Providence, RI 02903 |
| Contrl | Mike Bednar | 450 Industrial Park Road | Piney Flats, TN 37686 |
| Asst Sec | Allison D. Dyess | 600 East Hurst Blvd | Ft. Worth, TX 76053 |

10. E-mail Address: bsotherland@edwards-assoc.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: [Signature] Date 12/16/09 423-391-3803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #