PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # F05000004353 1. Corporation Name	
EDWARDS & ASSOCIATES, INC 12/28.	00163979021 /0901039009 **300.00
	31.11.11 <u>08-09</u>
Principal Office Address - No P.O. Box # A50 Industrial Park Road 450 Industrial Park Road	CR2E081 (11/09)
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date Incorp To Do Busin	orated or Qualified ness in Florida 03/23/07
City & State	
Piney Flats, TN Piney Flats, TN 62-101379	1.4.
Zip Country Zip Country USA 37686 USA 6, CERTIFICATE	OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	, , ,
CILCIRPORALIUM STSTEM	instatement fee is imposed, except in
Circums	stances which the entity did not receive or notices. By checking this box, you
1200 SOUTH PINE ISLAND ROAD are ce	rtifying the prior notices were not
	ed and requesting the reinstatement waived.
City State Zip Code PLANTATION FL 33324	walveu.
8. 1, 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 Street Address of Each Officers and/or Directors 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
	Ft. Worth, TX 76053
VP Mary Lovejoy $ \mathcal{V} ^{2b}$ 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: b5otherland & 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	