

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F29203

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** C. CRAIG EDEWAARD, INC.

**Current Principal Place of Business:**

1123 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

1123 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 59-2092466      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EDEWARD, CRAIG  
1123 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301 US

**Name and Address of New Registered Agent:**

EDEWAARD, CRAIG  
1123 E BROWARD BLVD  
FORT LAUDERDALE, FL 33301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CRAIG EDEWAARD

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: EDEWAARD, ANN C  
Address: 1123 E BROWARD BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: DP  
Name: EDEWAARD, CRAIG C  
Address: 1123 E BROWARD BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG EDEWAARD

DP

04/28/2011

Electronic Signature of Signing Officer or Director

Date