

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 30 AM 1:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10082007 REIN-P CR2E098 (1/07)

DOCUMENT # F95000003084 1. Entity Name EDERA INC.					
Principal Place of Business 301 RT 17 NORTH 4TH FLOOR RUTHERFORD, NJ 07070 RUTHERFORD			Mailing Address 301 RT 17 NORTH 4TH FLOOR RUTHERFORD, NJ 07070 RUTHERFORD		
2. Principal Place of Business - No P.O. Box # 301 RT 17 NORTH Suite, Apt. #, etc. 4TH FLOOR		3. Mailing Address 301 RT 17 NORTH Suite, Apt. #, etc. 4TH FLOOR			
City & State RUTHERFORD, NJ		City & State RUTHERFORD, NJ		4. FEI Number 13-3560467	
Zip 07070		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>x Doreen Wallace</u> Doreen Wallace <u>10/29/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DP <input type="checkbox"/> Delete NAME STAFF, MARTIN STREET ADDRESS 650 5TH AVENUE CITY-ST-ZIP NEW YORK, NY 10019			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE DCFO <input type="checkbox"/> Delete NAME SPIEL, ERIC STREET ADDRESS 650 5TH AVENUE CITY-ST-ZIP NEW YORK, NY 10019			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VFC <input type="checkbox"/> Delete NAME DECARLO, THOMAS STREET ADDRESS 301 RT 17 NORTH, 4TH AVENUE CITY-ST-ZIP RUTHERFORD, NJ 07070			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>[Signature]</u> 10/15/07 973-508-5435 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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