

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

99 DEC 29 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 678721

1. Corporation Name

Edgewater Services, Inc.

Principal Place of Business

10221 Emerald Pkwy, Ste 20
Destin, FL 32541

Mailing Address

10221 Emerald Pkwy, Ste 20
Destin, FL 32541

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

10221 W. Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 20

City & State

Destin, FL

Zip

32541

Country

USA

3. New Mailing Office Address, If Applicable

10221 W. Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 20

City & State

Destin, FL

Zip

32541

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/1984

5. FEI Number

59-2363631

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒ ~~_____~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/T	Michel Brasseur	10221 West Emerald Coast Pkwy Suite 20	Destin, FL 32541
V	Kellene Fowler	10221 West Emerald Coast Pkwy Suite 20	Destin, FL 32541
			400003095354--7 -01/12/00--01004--006 ***1867.50 ****75875
			REINSTATEMENT <u>99</u> <u>15</u>

8. Name and Address of Current Registered Agent

Michel Brasseur

10221 West Emerald Coast Parkway, Ste. 20
Destin, FL 32541

9. Name and Address of New Registered Agent

Name

Kellene Fowler

Street Address (P.O. Box Number is Not Acceptable)

10221 West Emerald Coast Parkway

Suite, Apt. #, Etc.

Suite 20

City

Destin

State

FL

Zip Code

32541

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

Kellene Fowler

REGISTERED AGENT MUST SIGN

Date

12/29/99

11. This corporation owes 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:

Kellene Fowler Kellene Fowler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/99

Date

850
267-2121

Daytime Phone #