

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K41257

1. Entity Name  
COMPETITIVE EDGE MARKETING, INC.



FILED

08 NOV 24 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10302008 REIN-P CR2E098 (1/07)

Principal Place of Business Mailing Address  
9360 LIME BAY BLVD 9360 LIME BAY BLVD  
BLDG 18, UNIT 312 BLDG 18, UNIT 312  
TAMARAC, FL 33321 TAMARAC, FL 33321

2. Principal Place of Business - No P.O. Box # 4059 SW. KAMSEER ST.

3. Mailing Address Suite, Apt. #, etc. None

City & State PORT SAINT LUCIE FL

Zip 34953 Country SAINT LUCIE

4. FEI Number 16-2216655 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MICHAEL C  
9360 LIME BAY BLVD  
BLDG 18 UNIT 312  
TAMARAC, FL 33321

7. Name and Address of New Registered Agent

Name Same  
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 Michael C Friedman 11/10/08  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |  |   |   |
|--|---|---------------------------------|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>FRIEDMAN, MICHAEL C<br>9360 LIME BAY BLVD, BLDG 18 UNIT 312<br>TAMARAC, FL 33321 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 100137846311<br>11/12/08--01023--022 **158.75 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Michael C Friedman 11/20/08 954 741-4357  
Signature and typed or printed name of signing officer or director Date Daytime Phone #