

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 JAN -7 AM 9:34

DOCUMENT # **L00000001275**

1. Limited Liability Company's Name

EDG, LLC

700004777297--8
 -01/16/02--01027--002
 ****155.00 ****155.00

2. Principal Office Address

230 TRADEWINDS DR

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FLA

Zip

32459

Country

USA

3. Mailing Office Address

P.O. Box 1753

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FLA

Zip

32459

Country

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

JAN 31, 2000

6. FEI Number

59-3627835

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

H. BART FLEET

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

1201 Eblin PL WY

Suite, Apt. #, Etc.

City

Skalinur

State

FL

Zip Code

32579

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **Dec 2, 2001**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HANS C GYLLSTROM	230 TRADEWINDS DR	SANTA ROSA BEACH, FL 32459
MGR	LINDA M GYLLSTROM	230 TRADEWINDS DR	SANTA ROSA BEACH, FL 32459
			Rein 100
			UBR 50
			CUS 5
			<u>155.00</u>

REINSTATEMENT 2001

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

[Handwritten Signature]

Date **12/02/01**

Daytime Phone #

850-305-3814
850-267-0305

Typed or printed name of signing Managing Member/Manager

HANS C. GYLLSTROM

CR2E041 (8/01)