

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 JUL 21 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000014147

1. Limited Liability Company's Name

Market's Edge, LLC

400158424184
07/13/09--01066--014 **825.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 9101 Tudor Dr.		3. Mailing Office Address 9101 Tudor Dr.	
Suite, Apt. #, etc. Suite F107		Suite, Apt. #, etc. Suite F107	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33615	Country USA	Zip 33615	Country USA

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida August 22, 2001	
6. FEI Number 593739766	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Adam Bild			
Street Address (P.O. Box Number is Not Acceptable) 9101 Tudor Dr.			
Suite, Apt. #, Etc. Suite F107			
City Tampa	State FL	Zip Code 33615	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 _____ Date **07/10/2009**

REGISTERED AGENT MUST SIGN

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	Adam Bild	9101 Tudor Dr., Suite F107	Tampa, FL 33615

REINSTATEMENT 04:09 AL

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 _____ Date **07/10/2009** Daytime Phone # **813-354-3444**

Typed or printed name of signing Managing Member/Manager **Adam Bild**