PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC 15 AM 9:23

200.00
9-16-05

**CORPORATION REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #** L02000008404

1. Corporation Name
EDGEWOOD & LENOX INVESTORS LLC

600002583986
12/18/06--01006--006 **900.00

CR2E081 (12/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 5400 VERNA BLVD. | 5400 VERNA BLVD. |
| Suite, Apt. #, etc. SUITE 6 | Suite, Apt. #, etc. SUITE #6 |
| City & State JACKSONVILLE, FL | City & State JACKSONVILLE, FL |
| Zip 32205 Country USA | Zip 32205 Country USA |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 34-2028639 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: JOANN MANGE

Street Address (P.O. Box Number is Not Acceptable): 5400 VERNA BLVD.

Suite, Apt. #, Etc: SUITE 6

City: JACKSONVILLE State: FL Zip Code: 32205

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 12/14/06
REGISTERED AGENT MUST SIGN

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

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| MGR | MANGE, JOSEPH W. JR | 5400 VERNA BLVD. SUITE 6 | JACKSONVILLE, FL 32205 |
| MGR | MANGE, SARA JOANN | 5400 VERNA BLVD. SUITE 6 | JACKSONVILLE, FL 32205 |
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10. 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 contained in Chapter 119, 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:** _____ 12/14/06 904-786-9476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #