
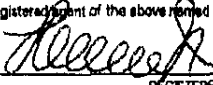
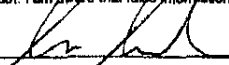


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2015 JUN - 1 PM 12:42  
 DEPARTMENT OF STATE  
 TALLAHASSEE FLORIDA  
**FILED**

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L02000033203</b>			
1. Limited Liability Company's Name <b>EDGE, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>3 WINSLOW PLACE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>3 WINSLOW PLACE</b> Suite, Apt. #, etc.	
City & State <b>SCARSDALE, NEW YORK</b>		City & State <b>SCARSDALE, NEW YORK</b>	
Zip <b>10583</b>	Country <b>USA</b>	Zip <b>10583</b>	Country <b>USA</b>
4. State/Country of Formation <b>FLORIDA</b>			
5. Date Organized or Qualified To Do Business in Florida <b>12/11/2002</b>			
6. FEI Number <b>91-2186666</b>			Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>55.00 Additional Fee required for a certificate of status.</small>			
8. Name and Address of Current Registered Agent			
Name <b>LAURENCE I. BLAIR, ESQ.</b>			
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>2255 GLADES ROAD</b>			
Apt. #, Etc. <b>SUITE 400E</b>			
City <b>BOCA RATON</b>		State <b>FL</b>	Zip Code <b>33431</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.			
Signature of Registered Agent 		Date <b>6/2/15</b>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
<b>AMBR</b>	<b>STEVEN R. SIEGEL, AS PR</b>	<b>3 WINSLOW LANE</b>	<b>SCARSDALE, NEW YORK 10583</b>
<b>MGR</b>	<b>STEVEN R. SIEGEL</b>	<b>3 WINSLOW LANE</b>	<b>SCARSDALE, NEW YORK 10583</b>
11. E-mail Address (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/ manager of the applicant or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
Signature of authorized representative/member 		Date <b>5/19/15</b>	Daytime Phone # <b>917 363-6241</b>
Typed or printed name of signing authorized representative/member <b>STEVEN R. SIEGEL</b>			

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05/28/15--01030--001 #4987.50

CR2E041 (1/14)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2015

GREENSPOONMARDER LAW  
MICHELLE NAREA POPU  
ONE BOCA PLACE, STE 400-E 2255 GLADES RD  
BOCA RATON, FL 33431

SUBJECT: EDGE, LLC  
Ref. Number: L02000033203

FILED  
2015 JUN - 1 PM 12:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

We have received your document for EDGE, LLC and your check(s) totaling \$987.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 815A00011354