

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 23 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02676

1. Corporation Name

EDBET CORPORATION, INC.

Principal Place of Business

Mailing Address

~~CT CORPORATION~~  
~~8751 W BROWARD BLVD~~  
~~PLANTATION FL 33324~~

~~P.O. BOX 4508~~  
~~GREENSBORO NC 27404~~  
~~US~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 33418

Country

Zip 33418

Country

REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

07/18/1989

5. FEI Number

65-1403703

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DO	HORRIGAN, EDWARD A JR	<del>228 LOCHA DR.</del> 2017 Balmar Place	JUPITER FL 28405 WILMINGTON N.C.
DO	HORRIGAN, ELIZABETH H	<del>228 LOCHA DR.</del> 2017 Balmar Place	JUPITER FL 28405 WILMINGTON NC
<del>AS</del>	<del>MOFFITT, SUSAN G</del>	<del>P.O. BOX 4508 N/A</del>	<del>GREENSBORO NC</del>
EVP Director	HORRIGAN, GORDAN M	904 WINDERMERE WAY	PALM BEACH GARDENS FL 33418 60000270004533418 -12/02/98--01038--006 ****750.00 ****750.00 11/19/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~CT CORPORATION SYSTEM~~  
~~1200 S. PINE ISLAND ROAD~~  
~~PLANTATION FL 33324~~

Name Gordon M Horrigan  
Street Address (P.O. Box Number is Not Acceptable)  
904 Windermere Way  
Suite, Apt. #, Etc.

City Palm Beach Gardens State FL Zip Code 33418

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/19/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Gordon M Horrigan

Date 11/19/98 Daytime Phone # 910-256-9400

CR2ED40 (9/98)