

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:05

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000054258

1. Limited Liability Company's Name

EDSON DEVELOPMENT GROUP, LLC

2. Principal Office Address

114 LOGAN LANE #3

Suite, Apt. #, etc.

City & State

GRAYTON BEACH, FL

Zip

32459

Country

3. Mailing Office Address

363 TRADEWIND DRIVE

Suite, Apt. #, etc.

City & State

SANTA ROSA BEACH, FL

Zip

32459

Country

CR2E041 (8/05)

4. State/Country of Formation

Fla. 29

**5. Date Organized or Qualified
To Do Business in Florida**

1-5-04

6. FEI Number

20-0548613

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

HARMAN, HUNTER

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

1325 WESTERN LAKE DRIVE

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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]

Date

4-26-06

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	EDSON, BURNHAM W	363 TRADEWIND DRIVE	SANTA ROSA BEACH FL 32459
			000075106390 05/28/06--01055--024 **255.00
			REINSTATEMENT 04-06

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

4-26-06

Daytime Phone #

850-585-5190

Typed or printed name of signing Managing Member/Manager

Will Edson