

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 15 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 04 000000 952

1. Limited Liability Company's Name

COMPETITIVE EDGE MARKETING, LLC

500042761895
11/15/04--01081--001 **150.00

2. Principal Office Address

225 OAKDALE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

225 OAKDALE

Suite, Apt. #, etc.

City & State

WINDERMERE

City & State

WINDERMERE

Zip

34786

Country

USA

Zip

34786

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

12/30/03

6. FEI Number

80-0093095

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

LARRY D. WILLIAMS

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

225 OAKDALE STREET

Suite, Apt. #, Etc.

City

WINDERMERE

State

FL

Zip Code

34786

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

11-4-04

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
MGRM	LARRY D. WILLIAMS	225 OAKDALE STREET	WINDERMERE, FL 34786
MGRM	BRETT C. WILLIAMS	225 OAKDALE STREET	WINDERMERE, FL 34786

REINSTATEMENT 04 GIA

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

11-4-04

Daytime Phone #

407-909-0225

Typed or printed name of signing Managing Member/Manager

LARRY D. WILLIAMS

CR2E041 (10/02)