

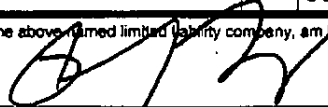
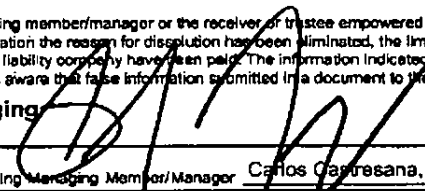
04/25/2013 09:05 FAX

L04000017602

0002/0003

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000017602 1. Limited Liability Company's Name EDIFY, LLC 2012					
2. Principal Office Address - No P.O. Box # 401 E Las Olas Blvd		3. Mailing Office Address 401 E Las Olas Blvd		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite 1120		Suite, Apt. #, etc. Suite 1120		5. Date Organized or Qualified To Do Business in Florida L04000017602	
City & State Ft Lauderdale, FL		City & State Ft Lauderdale, FL		6. FEI Number 59-3401738	
Zip 33301	Country US	Zip 33301	Country US	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name Paul Lopez Street Address (P.O. Box Number is Not Acceptable) Tripp Scott, PA Suite, Apt. #, Etc. 110 SE 6TH ST, FLOOR 15 City Ft Lauderdale State FL Zip Code 33301				E-mail Address: Carlos.Castresana@wellsfargo.com (To be used for future annual report notices)	
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 April 23, 2013 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
MGRM	Gruverman Enterprises, Inc.	401 E Las Olas Blvd, Ste 1120		Ft Lauderdale, FL 33301	
REINSTATEMENT 2012-2013					
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. 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 Managing Member/Manager  Date 04/23/2013 Daytime Phone # 954-832-9492 Typed or printed name of signing Managing Member/Manager Carlos Castresana, President of MGRM					

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6383

From: **C VESKOVSKI**
Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

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TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Carlos.Castresana@wellsfargo.com

**LIMITED LIABILITY REINSTATEMENT
EDIFY, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$382.50

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0003/0003



April 24, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EDIFY, LLC
401 EAST LAS OLAS BLVD SUITE 1120
FORT LAUDERDALE, FL 33301

SUBJECT: EDIFY, LLC
REF: L04000017602

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The Registered Agent -- PAUL LOPEZ -- must sign the acceptance statement in Item 9.

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.

Buck Kohr
Regulatory Specialist II

FAX Aud. #: H13000091371
Letter Number: 213A00009832

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