

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED-LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 JAN 14 PM 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LO6000098752**

1. Limited Liability Company's Name

1103 THE EDGE INVESTMENTS, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

1110 BRICKELL AVE

Suite, Apt. #, etc.

STE 430

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10-10-2006

6. FEI Number

xx 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

NORKA MARTINEZ

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

1110 BRICKELL AVE

Suite, Apt. #, Etc.

STE 430

City

MIAMI

State

FL

Zip Code

33131

E-mail Address:

800243697898
01/16/13--01001--007 **733.38

(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

Norka Martinez

Date

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	NICOLINO VIGLIOTTI	1110 BRICKELL AVE STE 430	MIAMI, FL 33131
MGRM	PASQUALINO VIGLIOTTI	1110 BRICKELL AVE STE 430	MIAMI, FL 33131

08-12 JAN 15 2013

STATEMENT

T. SCOTT

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

T. Scott

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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Document Tracking: 700237760437

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State of Florida, Department of State

To Whom it may concern:

I mailed out this voucher last year 2012
I have not received any notices from your
office of it being filed. Please take this
voucher to be processed and I promise
to pay 2013 by may 1, 2013. Thank you
in advanced for your attention

Thank You
Muelin Vigliotti