## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		DEPARTM Secretary of Sion of cor		7.4	AM 82 94	
DOCUMENT # LOS  1. Limited Liability Company's Name  Edwards Canal	3060051102 S1368+476		ريدو			
2. Principal Office Address - No P.O. Box 306 S.E. Mannes Suite, Apt. #, etc.	EY Rd 3069	3. Mailing Office Address  306 S.E. Mantercy Rd  Suite, Apt. #, etc.		CR2E041 (1/11)  4. State/Country of Formation  5. Date Organized or Qualified To Do Business in Florida		
City & State  Stuar FLor  Zip Country  34994 U.S.	City & State  Store  Zip  3499	art F	Country U.S.	6. FEI Number	er .	Applied For Not Applicable  5.00 Additional Fee required to a Certificate of Status
8. Name and Address of Current Registered Name Chester Fdwards Street Address (P.O. Box Number is Not Acceptable) 30b S.E. Montered R.D. Suite. Apt. #, Etc. City 9. It, being appointed the registered agent of the above named limited			itate Zip Code FL 34994 pany, am familiar with and	E-mail Address:  10/15/1301069007 **238.75  (To be used for future annual report notices)  accept the obligations of Chapter 608, F.S.		
Signature of Registered Agent REGISTERED AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers						
Name of Managing Members/ Managers  WRR Renee Edwards		Street Address of Each Managing Member/ Manag Source Supposed		ger		tate / Zip 3 F L 3 4990
REINSTATEMENT OCT 1 5 2013 R. HUNT						
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 filling 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 Ilmited 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 relies information submitted in a document to the Department of State constitutes a third degree fetony as provided for in s 817.155, F.S.  Signature of Managing  Member/Manager  Date  D						