

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000001778

1. Limited Liability Company's Name

EDGEMONT, L.C.

2. Principal Office Address

5811 Pelican Bay Boulevard

Suite, Apt. #, etc.

Suite 208

City & State

Naples, Florida

Zip

34108

Country

USA

3. Mailing Office Address

5811 Pelican Bay Boulevard

Suite, Apt. #, etc.

Suite 208

City & State

Naples, Florida

Zip

34108

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 03/24/1999

6. FEI Number

650903132

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

Lisa Barnett

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

Cheffy Passidomo Wilson & Johnson, 821 Fifth Avenue South

Suite, Apt. #, Etc.

Suite 201

City

Naples

State

FL

Zip Code

34102

300008544788

10/23/02--01046--007 \*\*155 00

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 10/21/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| MGRM   | Majestic West, Inc.                  | 5811 Pelican Bay Blvd., Suite 208                 | Naples, Florida 34108 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

REINSTATEMENT 2002

AR-50.00  
Penalty-100.00  
CUS-5.00

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 10/21/02

Daytime Phone # 239-566-2719

Typed or printed name of signing Managing Member/Manager

Stephen D. Coleman, President of Majestic West, Inc., Managing Member

CR20041 (9/01)