


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT <i>UNIFORM BUS. RPT.</i>		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 OCT 19 PM 11:02</div> <div style="font-size: 2em; margin-top: 20px;">d</div>	
DOCUMENT # L99000004378					
1. Limited Liability Company's Name INTEREDGE TECHNOLOGIES, L.L.C.					
2. Principal Office Address 7613 Saratoga Lane Suite, Apt. #, etc. City & State Parkland, FL Zip 33067		3. Mailing Office Address P.O. Box 25127 Suite, Apt. #, etc. City & State Tamarac, FL Zip 33320		4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number <div style="display: flex; justify-content: space-between;"><div>Applied For</div><div>Not Applicable</div></div>	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name COBER CORPORATE AGENTS, INC.					
Street Address (P.O. Box Number is Not Acceptable) 2601 South Bayshore Drive 19th Floor					
Suite, Apt. #, Etc.					
City Miami				State FL	Zip Code 33133
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 _____					
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		
MGR	Silverstein, Leon J	7613 Saratoga Lane	Parkland, FL 33067		
MGR	Foote, Mason Scott, Jr.	27 Central Avenue	Sausalito, CA 94965		
MGR	Hals, Max William	10680 E. Desert Cove	Scottsdale AZ 85259		
MGR	Silverstein, Richard	12829 Highland Circle	Boca Raton, FL 33428		
MGR	Aubuchon, Kevin	465 Sabal Way	Ft. Lauderdale, FL 33326		
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 10/17/00 Daytime Phone # (800) 432-8132					
Typed or printed name of signing Managing Member/Manager LEON J. SILVERSTEIN					

CR2E041 (9/00)