

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2026 APR

SECRETARY OF STATE
Katherine B. Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000041314

1. Corporation Name
EDON ENTERPRISES

2. Principal Office Address
1680 A Tamiami Tr S
Suite, Apt. #, etc.
City & State
Venice, FL
Zip
34293
Country
USA

3. Mailing Office Address
1532 US 41 Bypass
Suite, Apt. #, etc.
265
City & State
Venice, FL
Zip
34293
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida 7/1/00

5. FEI Number 651010357
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$2.75 Additional Fee required for a Certificate of Status

142

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 NOV 13 AM 10:59

7. Name and Address of Current Registered Agent

Name Donald Burnham

Street Address (P.O. Box Number is Not Acceptable) 500 Cerromar Dr

Suite, Apt. #, Etc. 300004704499-6
-12/04/01--01065--017
****158.75 ****158.75

City Venice
State FL
Zip Code 34293

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Ed R Burnham **Date** 10/24/01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	Eddie Moura	1801 Tamiami Tr S	Venice FL 34293
T	Alyssa Moura	1801 Tamiami Tr S	Venice FL 34293

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: Eddie Moura **Eddie Moura** **10-25** **941** **408-8781**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**



FRANCHISEE

Edon Enterprises, Inc.
1801 S. Tamiami Trail
Venice, FL 34293
(941) 493-4840 Phone
(941) 497-3258 Fax



Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please be advised that our address has changed. We have moved from our old location at 205 Base Avenue in Venice to 1532 US 41 Bypass Ste 265, Venice, FL 34293. Because of the address change, we have never received any correspondence (via mail or phone calls) that our corporation was in jeopardy of being dissolved. Recently, while searching on the internet, I discovered that we had in fact been dissolved, so I immediately contacted your offices. I was instructed that since this would be categorized as a postal error that the fee to reinstate EDON Enterprises, Inc. would be \$150.00. Please find enclosed my Reinstatement Form along with a check to cover the fee plus \$8.75 for a Certificate of Status. If you have any questions, please contact me directly at 941-408-8781.

Thank you for your understanding.

Donald R. Burnham
Executive Consultant
EDON Ent.

Enc.