

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000062493

1. Entity Name
ONTHEEDGE PROPERTIES, INC.



FILED

2007 FEB 23 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5503 WATERS EDGE DRIVE
NEW PORT RICHEY, FL 34653

Mailing Address
PO BOX 1283
ELFERS, FL 34680-1283



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212007 REIN-P CR2E098 (1/07)

4. FEI Number
59-3725404

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKEY, BENJAMIN T
5503 WATERS EDGE DRIVE
NEW PORT RICHEY, FL 34653

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Benjamin T. Dickey PRESIDENT

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-21-07

DATE

FILE NOW!!! FEE IS \$900.00

700089718747
03/01/07--01002--008 **900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME DICKEY, BENJAMIN T
STREET ADDRESS 5503 WATERS EDGE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DICKEY, MICHELLE R
STREET ADDRESS 5503 WATERS EDGE DRIVE
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Benjamin T. Dickey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-07
Date

727-364-8069
Daytime Phone #

B 2/26/07
REINSTATEMENT 06-07