

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000088355

1. Corporation Name

ON THE EDGE CORP.

2. Principal Office Address

1314 EAST LAS OLAS BLVD.

Suite, Apt. #, etc.

909

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

USA

3. Mailing Office Address

1314 E. LAS OLAS BLVD.

Suite, Apt. #, etc.

909

City & State

FORT LAUDERDALE, FL

Zip

33301

Country

USA

400009633364

12/23/02--01039--026 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

9/7/01

5. FEI Number

65-1138413

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KLEIN, JEFFREY G.

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

2101 N.W. CORPORATE BLVD.

Suite, Apt. #, Etc.

414

City

BOCA RATON

State

FL

Zip Code

33431

REINSTATEMENT

02

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

Jeffrey G. Klein
REGISTERED AGENT MUST SIGN

Date 12/16/02

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
D	VAN HERREWEGHE, MICHEL	1314 EAST LAS OLAS BLVD SUITE 9	FORT LAUDERDALE, FL, 33301

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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:

Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dec 12/02 (954) 328-9583
Daytime Phone #

CR2E081 (9/00)