
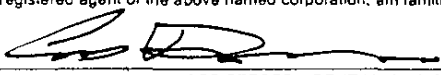



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		06 MAY 25 PM 2:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P01000105144					
1. Corporation Name Edridge Lakes Corporation					
2106000023760					
2. Principal Office Address 2100 Ponce de Leon Blvd. Suite, Apt. #, etc. 600 City & State Coral Gables Zip 33134 Country USA		3. Mailing Office Address same Suite, Apt. #, etc. City & State Zip Country		REINSTATEMENT 05/05/03 90110 010 \$150.00 03-06 RSK CR2E081 (12/05)	
		4. Date Incorporated or Qualified To Do Business in Florida 10-31-01		5. FEI Number 20-1711137 Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Carlos J. Villanueva, Esq. Street Address (P.O. Box Number is Not Acceptable) 2100 Ponce de Leon Blvd. Suite, Apt. #, Etc. #600 City Coral Gables State FL Zip 33134					
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  Date 5-22-06 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		
P/D	Schneider, Isaac	2100 Ponce de Leon Blvd, #600	Coral Gables, Fl. 33134		
S	Villanueva, Carlos J.	2100 Ponce de Loen Blvd. #600	Coral Gables, Fl 33134		
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 contained in Chapter 119, 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:  CARLOS J. VILLANUEVA SEC. 5-22-06 305-377-0812 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					