

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JUN 19 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000111469**

1. Corporation Name **EDIFY INVESTMENTS, INC.**

800021295858
07/03/03--01018--027 **908.75

2. Principal Office Address 1111 Crandon Boulevard Suite, Apt. #, etc. C203 City & State Key Biscayne, Florida Zip 33149 Country USA		3. Mailing Office Address 1111 Crandon Boulevard Suite, Apt. #, etc. C203 City & State Key Biscayne, Florida Zip 33149 Country USA	
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REINSTATEMENT

6203

4. Date Incorporated or Qualified To Do Business in Florida 11/21/2001
5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **Marina Ondarza**
Street Address (P.O. Box Number is Not Acceptable) **1111 Crandon Boulevard**
Suite, Apt. #, Etc. **C203**
City **Key Biscayne** State **FL** Zip Code **33149**

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 **[Signature]**
REGISTERED AGENT MUST SIGN

Date **6/15/03**

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	Alejandro Ondarza	1111 Crandon Boulevard C203	Key Biscayne, Florida
VP	Marina Ondarza	1111 Crandon Boulevard C203	Key Biscayne, Florida
S	Laura Ondarza	1111 Crandon Boulevard C203	Key Biscayne, Florida

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:

ALEJANDRO ONDARZA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/18/03 786-290-8151

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