

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE -  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 DEC 19 AM 8:00

DOCUMENT # P02000030801

1. Corporation Name

The Wall Street Edge Inc.

**REINSTATEMENT**

03  
MRD

2. Principal Office Address

4245 N Federal Hwy  
Suite, Apt. #, etc.

3. Mailing Office Address

4245 N Federal Hwy  
Suite, Apt. #, etc.

800025650448  
12/18/03--01055--019 \*\*750.00

City & State

Boca Raton FL

City & State

Boca Raton FL

Zip  
33431

Country  
USA

Zip  
33431

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/20/02

5. FEI Number

03-0425476

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

JAMES AMIRA

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

4245 N Federal Hwy

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33431

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 12/18/03

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.D.	JAMES AMIRA	4245 N Federal Hwy	Boca Raton FL 33431

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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

12/18/03

Date

Daytime Phone #

CR2E081 (10/02)