


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

05 Rei 1al2

DOCUMENT # P04000051286		
1. Entity Name DIRECT EDGE, INC.		

FILED  
05 OCT 10 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948	Mailing Address 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10052005 REIN-P CR2E098 (6/04)

4. FEI Number 20-0996702	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SEPTER, KURT R 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEPTER, KURT R 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5/3/05 90173 047-150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RICHARD R 2191A TAMiami TRAIL PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kurt R. Septer 10/5/05 941-629-9199  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Zal2



2191a Tamiami Trail  
Port Charlotte, FL 33948  
941.629.9199  
Fax 941.629.0323

10/05/05

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Direct Edge, Inc.

To Whom It May Concern:

Please find enclosed a copy of the completed "Reinstatement Form". We had originally filed and paid for our renewal for the aforementioned company. This is the first we have heard of any information missing. Please remove or waive any reinstatement fees that might have occurred. Please let us know of your decision. Thank you in advance for your consideration in this matter.

Sincerely,

  
Kurt Septer – President, Chairman of the Board  
Florida Direct Insurance Agency, Inc.  
Direct Edge, Inc.  
Direct Insurance Corporation  
National Administrative Service Organization

cc- Mark Knauff, CPA.

ENCLOSURE  
I have enclosed a copy of the completed "Reinstatement Form" for the company mentioned above. We had originally filed and paid for our renewal for the aforementioned company. This is the first we have heard of any information missing. Please remove or waive any reinstatement fees that might have occurred. Please let us know of your decision. Thank you in advance for your consideration in this matter.