

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 DEC -8 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000119668 1. Entity Name EDGEWATER CLASSIC INC.					
Principal Place of Business 9700 STAUBER LANE YOUNGSTOWN, FL 32466			Mailing Address 9700 STAUBER LANE YOUNGSTOWN, FL 32466		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (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.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KITCHEN, PAMELLA 9700 STAUBER LANE YOUNGSTOWN, FL 32466	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/14/05 01062 012 \$158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KITCHEN, WILLIAM E 9700 STAUBER LANE YOUNGSTOWN, FL 32466	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Pamella Kitchen</u> <u>12-5-2005</u> <u>850-722-6792</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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Principal Place of Business 9700 STAUBER LANE YOUNGSTOWN, FL 32466		Mailing Address 9700 STAUBER LANE YOUNGSTOWN, FL 32466			
2. Principal Place of Business 6446 N. HWY 77 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State SOUTHPORT, FL		City & State			
Zip 32409		Country BAY		4. FEI Number 02-0729175	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1860 SW 22ND ST. 4TH FLOOR MIAMI, FL 33146			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>SPIEGEL & UTRERA, P.A.</u> BY <u>JACKY UTRERA</u> 10-10-05 Signature, typed or printed name of registered agent and title is acceptable. (Current Registered Agent signature required when appointing) DATE					
FILE NUMBER FEE IS \$100.00 After January 1, 2006, Fee will be \$200.00		In accordance with s. 607.180(2)(a), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KITCHEN, PAMELLA 9700 STAUBER LANE YOUNGSTOWN, FL 32466	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KITCHEN, WILLIAM E 9700 STAUBER LANE YOUNGSTOWN, FL 32466	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: <u>Pamella D Kitchen</u> 10-10-2005 (850)722-6792			