2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000171469			
1. Entity Name EDGETECH INC.) FILED
			05 OCT -6 PH 1: 00
Principal Place of Business Mailing Address 2960 NW 2ND AVE., #11 2960 NW 2ND AVE., #11		1.1	9E01211 10 - 11
BOCA RATON, FL 33431	BOCA RATON, FL 3343		SECTIVE A PROMET
			I RENITED AN ERINE RUNK THE RENIT OF THE ENGLISH OF THE RUNK THE RENIT OF THE RUNK OF THE
2. Principal Place of Business Ave 3. Mailing Address 2880 NW		2 Ave	
Suite, Apt. #, etc Suite, Apt. #, etc. Suite		2.	09232005 REIN-P CR2E098 (6/04)
City & State Rotton Fl Becar Rotton		m,FI	4. FEI Number 8 - 066 (134 Applied For Not Applicable
Zip Country 33431 USA	² 33431	Country	5. Certificate of Status Desired See Required Fee Required
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
-VALINSKY, JAY L - Jay Valinsky			
100 N.E. THIRD AVE., STE. 610 Street Address (P.O.Box Number is Not Acceptable) FT. LAUDERDALE, FL 33301			
		Sui	te 1
		CilyFt. L	auderdale FL 33316
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 Jay Valinsky			
Signature, typed or printed name of regularea agent	to trust applicable (NOTE	: Registered Agent algnature requ	ulred when reinstating) DATF
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.0	00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Alex Bolbirer, CO NAME STREET ADDRESS CITY-ST-ZIP Bocalaton, F1 3	00 Delete s Blud 723	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200060503382 10/12/0501004006 **150.00
TOILE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME STREET DORESS		NAME STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TIPLE	☐ Change ☐ Addition
STREET ADDRESS	•	STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	
NAME	Delete	TITLE NAME	Change Addition
STREET ADDRESS		STREET ADDRESS	
CITY-SI-ZIP	☐ Delete	CITY-SI-/IP	Change Addition
NAME	Ocitic	NAME	
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAMF STREET ADDRESS		NAME STREET ADDRESS	
CHY-SI-ZIP		CITY-ST-ZIP	
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 against 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 priner like empowered.			
SIGNATURE: Alles Marie (00)			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR Date Claytime Phone *			