

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000084171

1. Corporation Name

NEXT EDGE CORP.

2. Principal Office Address

14911 SW 89 st

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33196

Country

USA

3. Mailing Office Address

14911 SW 89 st

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33196

Country

U.S.A

REINSTATEMENT 2006
CR26081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06-10-05

5. FEI Number

20-2989866

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

MARIA C ROMANO

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

14911 SW 89 st

Suite, Apt. #, Etc

City

MIAMI

State

FL

Zip Code

33196

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

M. Romano

REGISTERED AGENT MUST SIGN

Date 10-13-06

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-S	MARIA C ROMANO	14911 SW 89 st	MIAMI, FL 33196
V	SUTGEY V. SADOVAL	4313 SW 49 st	FT. LAUDERDALE, FL 33314

400080875914
10/16/06--01043--019 **150.00

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 contained in Chapter 119, 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:

M. Romano MARIA C ROMANO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-13-06 (754) 246-8391
Date Daytime Phone #

2082

Miami, Florida
October 13, 2006

To whom may concern

Thanks for your attention at the time of our request, you send us a reinstatement application and we ask for an annual report form. We did not receive any letter or notices for the annual report and had not file it yet.
Our document number is P05000084171 NEXT EDGE CORP.

We appreciate your attention



Maria C Romano
President