| | PLEASE READ | ALL INS | RUCTIO | <u> 2NÇ</u> | BEFORE (| COMPLET | ING THIS FORM | |
|--|---|---|--|--|---|--|---|--|
| APPLICATION FLORID | | | DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | | AND FILED | | |
| DOCUMENT # P9300055136 | | | | | | 98 FEB 26 PM I2: 50 | | |
| 1. Corporation Name | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Edmac Realty Associates Inc. | | | | | | | TALLAHASSEE, FLORIDA | |
| Principal Place of Business 1329-1331 Newbridge 11007 Boca Woods Lane Road, No. Bellmore, Boca Raton, Fla. 33428 New York 11710 If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | 0: | 000024449001 -03/03/9801014016 ***1058.75 ***1058.75 | | |
| · · · · · · · · · · · · · · · · · · · | | | ing Office Address, If Applicable | | | Date Incorporated or Qualified To Do Business in Florida | | |
| Suite, Apt. #, etc. Suite, Apt | | | #, etc. | | | 8/5/93 5. FEI Number Applied For | | |
| City & State | | City & State | | | | 59-319 | L | |
| Zip | Country | Zip | | Country | 1 | 6. CERTIFICATI | E OF STATUS DESIRED 58.75 Additional Fee required for a Certificale of Status | |
| 7. Names and Street | et Addresses of Each Officer and | or Director (Flo | rida nonprofit | | | | | |
| Title(s) | Name of Officers and/or Directors | | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N | | | City / State / Zip | |
| Pres. Naxwell Bentley | | | 11007 Boca Woods Lane | | | Boca Raton, FL 33428 | | |
| Director Secy Ric Director | 9133 Ermantrude Court 2333 Cypress Street | | | | Vienna, WA 22182 Tampa FL. 33609 | | | |
| Director | 1792 Robinwood Roa | | | oad | Winston, Salem, NC 27104 | | | |
| Director Joan Ross | | | 1346 Jamison Lane | | | e | Meadowbrook, PA 19046 | |
| | | | | | REINS | TATEN | 1ENT 96-98 | |
| 8. | Name and Address of Current | Registered Age | ont | | | 9. Name and | Address of New Registered Agent 3 10/98 | |
| Name Maxwell | | | | | | | | |
| | | | | | Street Address (P.O. Box Number is Not Acceptable) 11007 Boca Woods Lane Suite, Apt. #, Etc. | | | |
| P | | ^ | • | | City Boca Ra | | State Zip Code FL 33428 | |
| signature of Registered Agent Bentley REGISTERED AGENT MUST SIGN | | | | | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No XX (See other side for information on intangible tax.) | | | | | | | | |
| this reinstatement owed by the corp | t application, the reason for disso oration have been paid and the r n is true and accurate, and my sig | lution has been names of individ mature shall has | eliminated, the uats listed on t ve the same le | e corpor his form gal effe | ate name satisfies to do not qualify for a ct as if made under | the requirements an exemption und oath. | pter 607 or 617, F.S. I further certify that when filing of section 607.0401 or 617.0401, F.S., that all fees fer section 119.07(3)(i), F.S. The information indicated 561-477- 1218 | |
| SIGNATURE: ///// / / / / / / / / / / / / / / / / | | | | | | | | |

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