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<p><b>APPLICATION FOR REINSTATEMENT</b></p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">DO NOT WRITE IN THIS SPACE</p> <p style="text-align: center;"><b>APPROVED AND FILED</b></p> <p style="text-align: center;">1998 FEB 12 AM 9:19</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																																									
<p>Read Instructions on Other Side Before Making Entries</p> <p><b>Make Check Payable To: Department of State</b></p>																																											
<p>1. Name and Mailing Address of Corporation: <b>DOCUMENT # 095000043040</b></p> <p><b>THE EDWARDS GROUP, INC.</b></p>		<p>2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.</p> <p>Address: <b>5700 LAKE WORTH RD.</b></p> <p>Address: <b>LAKE WORTH, FL</b></p> <p>City and State: <b>FLA.</b></p> <p>Zip Code: <b>33463</b></p>																																									
<p>3. Date Incorporated or Qualified To Do Business in Florida</p>	<p>4. FEI Number</p> <p><b>Applied for</b></p>	<p><input checked="" type="checkbox"/> FEI Number Applied For</p> <p><input type="checkbox"/> FEI Number Not Applicable</p>	<p>5. <b>\$8.75 Additional Fee required for a Certificate of Status</b></p> <p>CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>																																								
<p>6. Names and Street Addresses of Each Officer and/or Director</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">1</th> <th style="width: 30%;">2</th> <th style="width: 35%;">3</th> <th style="width: 30%;">4</th> </tr> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th>City and State</th> </tr> </thead> <tbody> <tr> <td><b>P/D</b></td> <td><b>MINDY NOLAN</b></td> <td><b>5700 LAKE WORTH RD.</b></td> <td><b>LAKE WORTH, FL 33463</b></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				1	2	3	4	Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City and State	<b>P/D</b>	<b>MINDY NOLAN</b>	<b>5700 LAKE WORTH RD.</b>	<b>LAKE WORTH, FL 33463</b>																												
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<p><b>7000002432417--3</b></p> <p><b>-02/17/98--01025--003</b></p> <p><b>***1050.00 ***1050.00</b></p>																																											
<p><b>REINSTATEMENT</b> <b>96-98</b> <b>1/28</b> <b>2/12/98</b></p>																																											
<p><b>REGISTERED AGENT INFORMATION</b></p>		<p><b>8. Name and Address of New Registered Agent and/or Office</b></p>																																									
<p>7. Name and Address of Current Registered Agent</p>		<p>Name: <b>ANTHONY J. ALFARO ESQ</b></p> <p>Street Address (Do NOT Use P.O. Box Number): <b>2650 W. STATE RD.</b></p> <p>Street Address (Do NOT Use P.O. Box Number): <b>SUITE 102</b></p> <p>City and State: <b>LAUDERDALE</b></p> <p>Zip: <b>FL. 33312</b></p>																																									
<p>9. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent: </p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>		<p>Date: _____</p>																																									
<p>10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box <input type="checkbox"/> (See other side for additional information.)</p>																																											
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)</p>																																											
<p>12. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																																											
<p>Signature of Officer or Director: </p> <p>Typed or printed name of signing officer or director: <b>MINDY NOLAN</b></p>		<p>Date: <b>2/3/98</b></p> <p>Daytime Phone #: _____</p>																																									

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