

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUN -5 AM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000077443**

1. Corporation Name

EDIT, INC.

Principal Place of Business

Mailing Address

~~2100 SOUTH OCEAN LANE, #705
FT. LAUDERDALE FL 33316~~

~~2100 SOUTH OCEAN LANE, #705
FT. LAUDERDALE FL 33316~~

2207 NE 16 St
Ft Lauderdale, FL 33304 → Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PST	MARTENS, MARION	2100 SOUTH OCEAN LANE, #705	FT. LAUDERDALE FL 33316
Pres	Ron Laytner	2207 NE 16 St	Ft Lauderdale, FL
S/T	Linda Laytner	2207 NE 16 St	Ft Lauderdale, FL

REINSTATEMENT 96

AB-9-97

(COMBINED) 1996 REINSTATEMENT & 1997 ANNUAL REPORT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTENS, MARION
2100 SOUTH OCEAN LANE, #705
FT. LAUDERDALE FL 33316

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Marion Martens*
REGISTERED AGENT MUST SIGN

Date *8/20/96*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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., 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 under section 119.07(3)(i), 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:

Linda Laytner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/96 (954) 566-6167
Date Daytime Phone

CPRE040 (7/96)