

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

99 NOV -8 PM 6:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000016646**

1. Corporate Name
SOUTHERN EDGE, INC.

99 AR

Principal Place of Business Mailing Address

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

2. New Principal Office Address, If Applicable 7266 Tom Drive Suite, Apt. #, etc. Suite 200 City & State Baton Rouge, LA Zip 70806 Country U.S.A.		3. New Mailing Office Address, If Applicable 7266 Tom Drive Suite, Apt. #, etc. Suite 200 City & State Baton Rouge, LA Zip 70806 Country U.S.A.		4. Date Incorporated or Qualified To Do Business in Florida 2/14/97	
		5. FEI Number 65-0729932		Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		SR 75 Additional Fee required for a Certificate of Status	

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

1. Title	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
Pres.	Kimble, Alvin E.	7266 Tom Dr., Suite 200	Baton Rouge, LA 70806
			500003051455--3 11/22/99-01117-001 ***150.00 ***150.00 TS

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Richard Johnson	
		Street Address (P.O. Box Number is Not Acceptable) c/o Frenchman's Marina "REBECCA" 2700 Donald Ross Road	
		Suite, Apt. #, Etc.	
		City Palm Beach Gardens	State FL
		Zip Code 33410	

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 *Alvin Kimble* Date **11-4-99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

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: *Alvin Kimble* 11-4-99 225-926-0327
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E08 (12-98)

SOUTHERN EDGE, INC.

7266 Tom Drive, Suite 200
Baton Rouge, Louisiana 70806
(225) 926-0327
FAX (225) 926-0388

November 4, 1999

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Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Gentlemen/Madam:

Attached please find a completed and executed Application for Reinstatement for Southern Edge, Inc. along with a check in the amount of \$150.00 for the renewal of the annual fee.

The ownership of this corporation was transferred to us late last year and this is the first notice which was forwarded on by the previous owner, hence the lateness of this application.

We sincerely apologize for any inconvenience this may have caused and request that the reinstatement fee be waived and the above annual fee be accepted so that Southern Edge, Inc. will be returned to active status.

If this is unacceptable, please advise.

Yours very truly,



Alvin E. Kimble

AEK:db

Enclosures