PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION [redacted]

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

FILED
01 OCT -4 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089958

1. Corporation Name
THE EDGE WORLDWIDE, INC.

000004638490--5
-10/16/01--01038--030
****150.00 ****150.00

2. Principal Office Address	**3.** Mailing Office Address
1820 N.E. 163rd STREET	
Suite, Apt. #, etc.: SUITE 307	Suite, Apt. #, etc.:
City & State: NORTH MIAMI BEACH	City & State: FLORIDA
Zip: 33162 Country: DADE	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/20/1997

5. FEI Number: 65-07-93408 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: LINDA CESAR-NOEL
Street Address (P.O. Box Number is Not Acceptable): 1820 N.E. 163rd STREET
Suite, Apt. #, Etc.: 307
City: NORTH MIAMI BEACH State: FL Zip Code: 33162

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: [signature] Date: 10/9/2001
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PRES	LINDA CESAR-NOEL	HOME ← 6321 SW 19 St, #820 NE 163rd St, #307	MIRAMAR - FL 33023 NORTH MIAMI BEACH, FL 33162
V.P.	"	"	"
SEC	"	"	"
TRE	"	"	"

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 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: [signature] 10/9/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Page 2 of 2

The Edge Worldwide, Inc.

October 9th, 2001

Tyronne Scott
Corporation Examiner
Florida Department of State
409 East Gaines Street
Tallahassee, FL 32399

Re: Certificate No.: **P97000089958**

Dear Mr. Scott:

I thank you for taking the time to assist me earlier regarding the reinstatement of this corporation. As we discussed, we have mailed the renewal form and the renewal fee to your office on a couple of occasions. It was not until I pulled the info from the Internet in preparation for a contract that I realized that the corporation was dissolved. Please wave the late fees and process a reinstatement for this corporation. Enclosed are a Reinstatement Form, Annual Reporting Form, and a check in the amount of $150.

As I mentioned, I will call you on Friday to confirm that you have received this package. If you have any questions, please feel free to contact me at (305) 945-3777 or on my cell at (786) 543-7927.

Sincerely,

Linda César-Noël
President

Attachment

LCN/bh

1820 NE 163rd Street Suite 307• North Miami Beach, Florida 33162
Telephone: (305) 945-3777•Fax: (305) 945-4955 email: theedgel@bellsoth.net

C/word/fedprojects/fldosltrreins