

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

CORPORATION



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.

2. Principal Office Address

1820 NE 163rd STREET

Suite, Apt. #, etc.

SUITE 307

City & State

NORTH MIAMI BEACH

Zip Country

33162 DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FLORIDA

Zip Country

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

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]

REGISTERED AGENT MUST SIGN

Date 10/9/2001

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	HOME ← 6321 SW 19th 1820 NE 163rd St, #307	MIAMI - E 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)(f), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/9/2001

Date

Daytime Phone #

CR2001 (9/00)

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October 9th, 2001

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

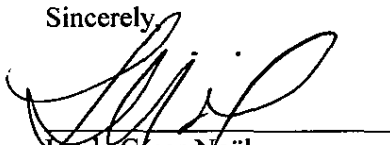
Re: Certificate No.: P97000089958

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