PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR -8 PM 4:41

DOCUMENT # P97000089958

1. Corporation Name

The Edge Worldwide, Inc.

100030560571
03/16/04--01049--016 **300.00

REINSTATEMENT 03-04

2. Principal Office Address		3. Mailing Office Address	
1733 N.E. 162 Street		1733 N.E. 163 Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
North Miami Beach		North Miami Beach	
Zip	Country	Zip	Country
33162	Miami-Dade	33162	Miami-Dade

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

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

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Linda Cesar

Street Address (P.O. Box Number is Not Acceptable)
6321 S.W. 19 Street

Suite, Apt. #, Etc.

City	State	Zip Code
Miramar,	FL	33023

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 _____ Date 03/02/2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	6321 S.W. 19 Street	Miramar, FL 33023
Sec.	Linda Cesar	6321 S.W. 19 Street	Miramar, FL 33023
Tres.	Linda Cesar	6321 S.W. 19 Street	Miramar, FL 33023

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: _____ 03/02/2004 (305) 303-7611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/8 aw