

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P98000059668

1. Corporation Name

EDGE ON ENTERTAINMENT, INC.

99AR

Principal Place of Business

5135 W CYPRESS STREET STE 101
TAMPA FL 33607

Mailing Address

5135 W CYPRESS STREET STE 101
TAMPA FL 33607

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

4. Date Incorporated or Qualified To Do Business in Florida

07/02/1998

5. FEI Number

59-3528440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

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	4. City / State / Zip
D	ADAIR, ROBIN	5135 W CYPRESS STREET STE 101	TAMPA FL 33607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ADAIR, ROBIN
5135 W CYPRESS STREET STE 101
TAMPA FL 33607

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/2/99

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/99

Daytime Phone #

05/06/99 96/91 012 150,00

FILED

99 DEC 10 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2000 (8/99)

December 4, 1999

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl. 32314-6327

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Re: Document # P98000059668

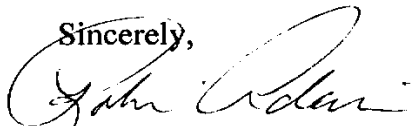
Dear Sir or Madam:

Per our telephone conversation today, I am sending to you the reinstatement application and stating that I did not receive my original application back for corrections at my address.

I have made the correction requested on block 5. Please reinstate my corporation, Edge on Entertainment.

Thanking you in advance for your cooperation.

Sincerely,



Robin Adair
President

RAA/gt