

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000094048			
1. Corporation Name EDGEWATER INTERNATIONAL, INC.			
Principal Place of Business 6210 25TH AVENUE, NORTH ST. PETERSBURG FL 33710		Mailing Address 11060 53RD AVE N ST PETERSBURG FL 33708	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable 11060 53rd Ave. N. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.	
City & State ST. PETERSBURG, FL		City & State	
Zip 33708		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 11/04/1998		5. FEI Number 65-0909536	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ELLIS, DAVID M	6210 25TH AVENUE, NORTH	ST. PETERSBURG FL 33710
D	ELLIS, PETER R	11060 53RD AVE N	ST. PETERSBURG FL 33708
			900004685379--3 -11/16/01--01056--022 ****750.00 ****750.00
8. Name and Address of Current Registered Agent ELLIS, DAVID M 6210 25TH AVENUE, NORTH ST. PETERSBURG FL 33710			
9. Name and Address of New Registered Agent Name: ELLIS DAVID M. Street Address (P.O. Box Number is Not Acceptable) 11060 53rd Ave. N Suite, Apt. #, Etc. City: ST. PETERSBURG State: FL Zip Code: 33708			
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] Date: 10/23/01 REGISTERED AGENT MUST SIGN			
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] Date: 10/23/01 Daytime Phone #: 7273929206 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 1:15

REINSTATEMENT 01

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