

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Reef's Edge, Inc.

999 000069467

REINSTATEMENT

00-03

2. Principal Office Address

4707 Orange Drive

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33314

Country

U.S.A.

3. Mailing Office Address

4707 Orange Drive

Suite, Apt. #, etc.

City & State

Davie, Florida

Zip

33314

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

03-01-1999

5. FEI Number

65-0912124

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

Mark Alan Alessi

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

9015 N.W. 6th Court

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Mark Alessi

REGISTERED AGENT MUST SIGN

Date

3/7/03

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 |
|--------|--------------------------------------|---|---------------------------|
| Co-Own | Kathryne Spirk | 9015 N.W. 6th Court | Plantation, Florida 33324 |
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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:

Kh Spirk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/03

Date

954-316-5153

Daytime Phone #

3/17