

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 29 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P99000045226**

1. Corporation Name

EDM Investments, Inc.

**102 Live Oaks Blvd. Bldg #1
Casselberry, Florida 32707**

2. Principal Office Address

**102 Live Oaks Blvd. Bldg #1
Casselberry, FL 32707**

Suite, Apt. #, etc.

N/A

City & State

Casselberry, FL

Zip

32707

Country

United States

3. Mailing Office Address

1418 Valley Pine Circle

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip

32712

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/11/1999

5. FEI Number

59-3577253

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

Kevin Munroe

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

32 N. Kirkman Road

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32811

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 **3/26/01**

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
<i>Pres. Secretary Treasurer</i>	Eileen Salem	1418 Valley Pine Circle	Apopka, FL 32712

REINSTATEMENT 2000-01

[Signature]

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:

Eileen Salem
Eileen Salem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23, 2001 (402) 880-6467
Date Daytime Phone #

CR2E081 (9/00)