

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



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

REMOVED
AND
FILED

01 MAR 20 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000103592

1. Corporation Name

EDC INC

2. Principal Office Address

288 COASTAL HILL DR

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR BCH, FL

Zip

32937

Country

USA

3. Mailing Office Address

288 COASTAL HILL DR.

Suite, Apt. #, etc.

City & State

INDIAN HARBOUR BCH, FL

Zip

32937

Country

USA

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

11/30/99

5. FEI Number

59-3615892

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

CAROL ANN LONGMUIR

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

288 COASTAL HILL DR

Suite, Apt. #, Etc.

City

INDIAN HARBOUR BCH

State

FL

Zip Code

32937

700003892907-4

03/22/01-01065-036

****300.00 ****300.00

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

CAROL A. LONGMUIR

REGISTERED AGENT MUST SIGN

Date 3/15/01

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

PRES CAROL A. LONGMUIR

288 COASTAL HILL DR

INDIAN HARBOUR BCH FL 32937

VP ELIZABETH D. COLCHIN

288 COASTAL HILL DR.

INDIAN HARBOUR BCH FL 32937

REINSTATEMENT 2000-01

MJD

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)(f), 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:

CAROL A. LONGMUIR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

Date

(321) 773-2818

Daytime Phone #

CR2E081 (9/00)