

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

01 NOV -2 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S84240

1. Corporation Name

OFFSHORE EDGE PRODUCTS, INC.

2. Principal Office Address

1380 N. Killian Dr

3. Mailing Office Address

P.O. Box 14855

Suite, Apt. #, etc.

#5

Suite, Apt. #, etc.

City & State

Lake Park, FL 33403

City & State

N. Palm Beach, FL 33408

Zip

33403

Country

Palm Beach

Zip

33408

Country

Palm Beach

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

09/30/1991

5. FEI Number

6500-0291600

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

SALAZAR, SCOTT M.

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

14326 Ardel Drive

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

300004698123--6

-11/29/01--01045--003

****150.00 ****150.00

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**

REGISTERED AGENT MUST SIGN

Date

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
PTD3	SALAZAR, SCOTT M.	14326 Ardel Drive	33410 Palm Bch Gardens FL
VTD	salazar, dolores	14326 Ardel Drive	33410 Palm Bch Gardens FL
D	SALAZAR, MAURO G.	14326 Ardel Drive	33410 Palm Beach Gardns FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Scott Salazar SCOTT SALAZAR 10/31/01 561 844 006 5

CR2001 (9/00)



Offshore Edge Products, Inc.

1380 North Killian Drive #5, Lake Park, FL 33403

Office 561-622-4141 Factory 561-844-0065 Fax 561-627-3983

E-Mail Address: offshore@ix.netcom.com

DEAR FLORIDA DEPARTMENT OF STATE,

OFFSHORE EDGE PRODUCTS, INC. OF: 1380 N. KILLIAN DR. STE. #5
LAKE PARK, FL 33403. (DOCUMENT# S84240) Failed to receive our "Renewal
Notice." After a phone conversation at the "Department Of State" we were instructed to
go on line @ www.sunbiz.org and downloaded an "Application For Reinstatement" and
enclose \$150.00. Thank you for your consideration.

Sincerely,

Scott Salazar

10/31/01