

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S84240**

1. Corporation Name

OFFSHORE EDGE PRODUCTS, INC.

Principal Place of Business

1380 N. KILLIAN DR.
STE 5
LAKE PARK FL 33403

Mailing Address

POST OFFICE BOX 14855
NORTH PALM BEACH FL 33408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/30/1991

5. FEI Number

65-0291600

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SALAZAR, SCOTT M	14326 ARDEL DR	PALM BEACH GARDENS FL 33410
VTD	SALAZAR, DOLORES	14326 ARDEL DRIVE	PALM BEACH GARDENS FL
D	SALAZAR, MAURO G	14326 ARDEL DR	PALM BCH GARDENS FL

300023969993
10/21/03--01061--014 **150.00

8. Name and Address of Current Registered Agent

SALAZAR, SCOTT M
14326 ARDEL DR
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Dolores Salazar

REGISTERED AGENT MUST SIGN

Date 10/17/03

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:

Scott Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03

Date

561 622.9374
561 844.0065

Daytime Phone #

CR2040 (7/03)


Offshore Edge Products, Inc.

PO. 14855 N.P.B. Fl 33408

DEAR FLORIDA DEPARTMENT OF STATE,

OFFSHORE EDGE PRODUCTS, INC. (Formerly of: 1380 N. KILLIAN DR.
~~STE. #5 LAKE PARK, FL 33403 (DOCUMENT# S84240)~~ We have moved our location
to 1210 Gateway Dr Lake Park, Fl 33403 (Bay #17) Due our relocation we failed to
receive our "first form of Renewal Notice." After a phone conversation at the
"Department Of State" we were instructed to mail this signed form and enclose \$150.00
check along with this letter of explanation. Please accept this for reinstatement of the
corporation.

Thank you for your consideration.

Sincerely,

Scott Salazar
— President