

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg. 1*

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE FILED 97 JUN 20 AM 11:20
Head Instructions on Other Side Before Making Entries Make Check Payable To: Department of State		
1. Name and Mailing Address of Corporation: DOCUMENT # V40292 EDCO GROUP, INC. 1581 BRICKELL AVENUE #2202 - VILLA REGINA MIAMI, FLORIDA 33131	2. If Address in Block 1 is incorrect in any way, enter the correct address below: TALLAHASSEE, FLORIDA <hr/> Address <hr/> City and State Zip Code <hr/> 3. If Principle Office Address is different from mailing address, enter address below: <hr/> Address <hr/> City and State Zip Code <hr/>	

REINSTATEMENT *10/97*

4. Date Incorporated or Qualified To Do Business in Florida 06/01/92	5. FEI Number 65-0339108	FEI Number Applied For FEI Number Not Applicable	6. \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>
--	------------------------------------	---	--

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	EDUARDO KRIETE	1581 BRICKELL AVENUE, 2202	MIAMI, FLORIDA 33131

000002218330--5

REGISTERED AGENT INFORMATION	9. If changed, new registered agent / office
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FLORIDA 32301	Name
	Street Address (Do NOT Use P.O. Box Number)
	Street Address (Do NOT Use P.O. Box Number)
	City State Zip

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.

Signature of Registered Agent: *[Signature]* Date: _____

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: *[Signature]* Date: **06/19/97** Daytime Phone # _____

Typed or printed name of signing officer or director: **EDUARDO KRIETE**



pg 2

ACCOUNT NO. : 072100000032

REFERENCE : 435800 4303929

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$915.00

ORDER DATE : June 20, 1997

ORDER TIME : 9:44 AM

ORDER NO. : 435800-005

CUSTOMER NO: 4303929

CUSTOMER: Ms. Sheryl C. Vainstein
Greenberg Traurig Hoffman
22nd Floor
1221 Brickell Avenue
Miami, FL 33131-3238

DOMESTIC FILINGS

NAME: EDCO GROUP, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS _____

RECEIVED
97 JUN 20 AM 10 45
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE