

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F01000004121**

1. Corporation Name

BERKSHIRE ADVISORS, INC.

Principal Place of Business

1802 BASIN LEDGE
AUSTIN TX 78746

Mailing Address

24734 LAKE ROAD
BAY VILLAGE OH 44140

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2001

5. FEI Number

22-3047307

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
PCD	WALKER, MICHAEL H	1802 BASIN LEDGE	AUSTIN TX

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Diane Stout

Diane Stout, Asst. Secretary

REGISTERED AGENT MUST SIGN

Date 10-22-03

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:

Michael H. Walker
Michael H. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/03

Date

440-835-9557

Daytime Phone #

CR2E040 (7/03)



BERKSHIRE ADVISORS, INC.
General Management Consultants

October 21, 2003

Glenda E. Hood
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Ms. Hood:

My firm, Berkshire Advisors, recently received a notice indicating that the firm had been dissolved. However, neither of the two prior uniform business report (UBR) notices indicated in your correspondence were received by the firm. As indicated in your instructions, we are therefore enclosing a complete reinstatement form and a fee of \$150.

I am the president and a director of Berkshire Advisors, Inc.

Thank you.

Sincerely,

Michael H. Walker
President