

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G87625**

1. Corporation Name

BERKMAN PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

10102 USA TODAY PARKWAY

Suite, Apt. #, etc.

City & State

MIRAMAR, FLORIDA

Zip

33025

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

STEPHEN L. BERKMAN

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

7262 FISHER ISLAND DRIVE

Suite, Apt. #, Etc.

City

MIAMI BEACH

State

FL

Zip Code

33109

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 **3-13-2010**

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
DPS	STEPHEN L. BERKMAN	7262 FISHER ISLAND DRIVE	MIAMI BEACH, FL. 33109
VT	MONROE E. BERKMAN	3401 SOUTH BEACH DRIVE	TAMPA, FL. 33629
V	ROBERTA C. BERKMAN	7262 FISHER ISLAND DRIVE	MIAMI BEACH, FL. 33109

10. E-mail Address: **CWWBERK@AOL.COM**

(To be used for future annual report notification)

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. I further certify, 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:

STEPHEN L. BERKMAN

3/13/10 (305) 606-0004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

10 MAR 19 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400172649754
03/19/10--01040--018 ***450.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-1984

5. FEI Number

592500673

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.