

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

02 NOV 21 AM 8:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000056094**

1. Corporation Name

BERGER MARKETING, INC.

Principal Place of Business	Mailing Address
106 BRUTON DR GIBSONIA PA 15044	1304 SW 160 AVENUE #429 SUNRISE FL 33326



REINSTATEMENT

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/23/1998	
City & State		City & State		5. FEI Number	
Zip		Country		65-0849733	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PVD	BERGER, MARK	1304 SW 160 AVENUE #429 106 BRUTON DR.	SUNRISE FL 33326 GIBSONIA, PA 15044
STD	BERGER, DEBBIE	1304 SW 160 AVENUE #429 106 BRUTON DR.	SUNRISE FL 33326 GIBSONIA, PA 15044

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FRONSTIN, GUY P 1900 GLADES RD STE 101 BOCA RATON FL 33431		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State Zip Code
			FL

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: Guy P. Fronstin, Esq. **SIGNATURE REQUIRED** Date: 11/05/02

REGISTERED AGENT MUST SIGN

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: [Signature] **SIGNATURE REQUIRED** Date: 10/31/02 Daytime Phone #: 412-303-9825

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/02)