

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 DEC 26 AM 10:15

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 03

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

2. New Principal Office Address, If Applicable
1136 SORRENTO DR.

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0849733

Applied For

Not Applicable

City & State
WESTON FLORIDA

City & State

Zip
33326

Country
USA

Zip

Country

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)

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	106 BRUTON DR	GIBSONIA PA 15044
STD	BERGER, DEBBIE	106 BRUTON DR	GIBSONIA PA 15044

200025762032
12/26/03--01012--029 **758.75

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
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

Guy P. Fronstin
REGISTERED AGENT MUST SIGN

Date

12/15/03

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)(l), 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:

Mark M. Berger **MARK M. BERGER**

12-15-03

954-829-1801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)