


B 1872

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
YEARS 2005 AND 2006		

FILED
06 JAN 30 AM 10:20
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

DOCUMENT # 414832
1. Corporation Name BERO INC.

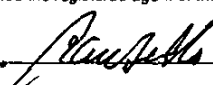
T. Roberts JAN 30 2006

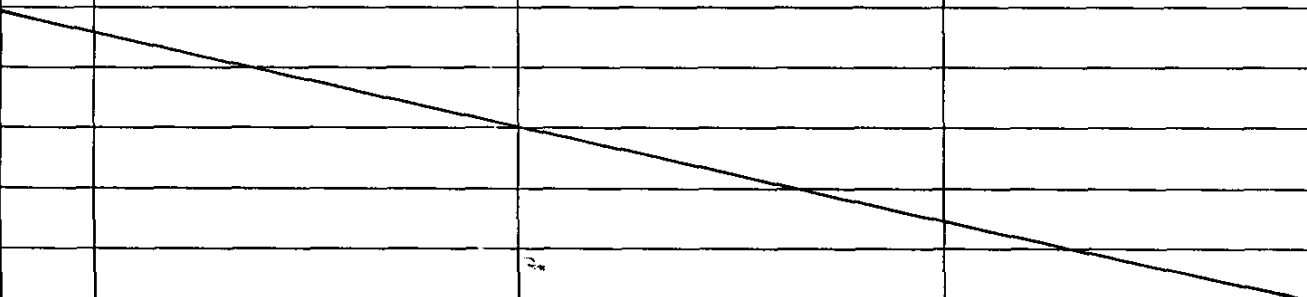
2. Principal Office Address 1845 NW 17 AVENUE Suite, Apt. #, etc. City & State MIAMI, FL Zip 33125		3. Mailing Office Address 4545 NW 7 ST. Suite, Apt. #, etc. 12 City & State MIAMI FL Zip 33126	
Country MIAMI DADE		Country MIAMI DADE	


4. Date Incorporated or Qualified To Do Business in Florida 12/18/1972	
5. FEI Number 59-1439503	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name RAUL BELLO	
Street Address (P.O. Box Number is Not Acceptable) 730 NW 18 AVENUE	
Suite, Apt. #, Etc.	
City MIAMI	State FL
Zip Code 33125	

300065198513
02/06/06-01021-010 *300.00

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 	Date 1/24/2006
REGISTERED AGENT MUST SIGN	

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
PSDT	RAUL BELLO	730 NW 18 AVENUE	MIAMI FL, 33125
			

10. 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: 	1/24/2006	305-442-1458	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (01/05)

FROM : LAZARUS

FAX NO. : 3052201440

Jan. 27 2006 11:25AM P1

PJ 282

*BERO, INC.
Doc# 414832*

FLORIDA DEPARTMENT OF STATE:

ENCLOSED YOU WILL FIND A CHECK FOR \$300.00 FOR THE ANNUAL FEE
2005 AND 2006

WE NEVER RECEIVED CORRESPONDENCE FROM YOUR OFFICE AND THE
FILING FEE WAS OVERLOOKED UNTIL I WAS NOTIFIED THAT THE
CORPORATION WAS UNDISSOLVED.

ALSO BE INFORMED THAT THE OFFICER DIRECTOR IN CHARGE OF THIS
COMPANY HAS CANCER AND IT IS ANOTHER PROBLEM TO MY HEALTH.

WAITING FOR YOUR CONSIDERATION RELATED TO THIS MATTER.

WE REMAIN VERY TRULY,

*Raul Bello
- President -*