

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 SEP 24 AM 8:00

DOCUMENT # 542958

**1. Corporation Name**

Greg O'Berry, Inc.

3211 Ponce de Leon Blvd

**2. Principal Office Address**

3211 Ponce de Leon Blvd

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

**City & State**

Coral Gables, FL

**City & State**

**Zip**

33134

**Country**

U.S.

**Zip**

**Country**

**REINSTATEMENT** 03-04

200041320472

09/24/04--01044--002 \*\*900.00

**4. Date Incorporated or Qualified**

To Do Business in Florida 8/15/1977

**5. FEI Number**

59-1762155

**Applied For**

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

**Name**

Michael S. Mermelstein, CPA

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

3211 Ponce de Leon Blvd.

**Suite, Apt. #, Etc.**

Suite 305

**City**

Coral Gables

**State**  
FL

**Zip Code**  
33134

**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

*Michael S. Mermelstein*

Date 09/15/2004

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
Pres	Gene Moody	3211 Ponce de Leon Blvd. #305	Coral Gables, FL 33134
Sec.	Lorraine Smith	3211 Ponce de Leon Blvd. #305	Coral Gables, FL 33134

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gene Moody

Date

9/15/04

Daytime Phone #

305/444-2142

CR2E081 (01/04)