PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FILED
99 JUL 09 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

88-99AR

DOCUMENT # 750005

1. Corporation Name

BERGHOF, INC. W99000009938

Principal Place of Business
909 So. N Street
Lake Worth, FL 33460

Mailing Address
909 So. N Street
Lake Worth, FL 33460

000002393868--4
-07/20/99--01054--022
****910.00 ****910.00

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 1-21-80

5. FEI Number [X] Applied For [ ] Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
TD	SIRKKA HAIKKA	RAUDIKKOKUJA 6.A.35 01200 VANTAA	VANTAA FINLAND
SD	PAIVI PELLINEN	KUUSITIE 11.A.9 00270 HELSINKI	HELSINKI FINLAND
PD	MAURI PELLINEN	KUUSITIE 11.A.9 00270 HELSINKI	HELSINKI FINLAND

REINSTATEMENT 88-99P

8. Name and Address of Current Registered Agent

ANNE JAAKKOLA
958 SO. DIXIE HWY.
LANTANA, FL 33462

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

CR2E081 (12/98)

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.

Signature of Registered Agent _____ Date 4/7/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes [ ] No [X]

(See other side for information on intangible tax.)

12. 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 either upon 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.

3/29/99

SIGNATURE: X _____ HELSINKI FINLAND 1999.03.29
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MAURI PELLINEN
Date
Daytime Phone #
+41 503 522