


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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FILED
06 JAN 19 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # FO2 000002988

1. Corporation Name

Berlin Realty Inc.

2. Principal Office Address

295 N. Colony Dr.

3. Mailing Office Address

295 N. Colony Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Saginaw, Michigan

City & State

Saginaw, Michigan

Zip
48603

Country
USA

Zip
48603

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 1970

5. FEI Number
381945299

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jeffrey Berlin

000065071720
02/02/06--01010--023 #1050.00

Street Address (P.O. Box Number is Not Acceptable)
107 Bonaire Lane

Suite, Apt. #, Etc.

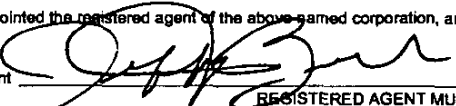
City
Bonita Springs

State
FL

Zip Code
34134

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 Jan. 17, 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
Pres.	Jeffrey Berlin	107 Bonaire Lane	Bonita Springs, Fl. 34134
Sec.	Janice Berlin	107 Bonaire Lane	Bonita Springs, Fl. 34134

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 contained in Chapter 119, 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

1/17/06

Date

239-948-7762

Daytime Phone #

B. Mitchell JAN 24 2006