

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

07 FEB 13 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F05000002439

1. Entity Name  
BERGIN FINANCIAL, INC.



Principal Place of Business  
400 GALLERIA OFFICENTRE, SUITE 400  
SOUTHFIELD, MI 48034

Mailing Address  
400 GALLERIA OFFICENTRE, SUITE 400  
SOUTHFIELD, MI 48034

900088534929  
02/19/07--01882--820 \*\*300.00

2. Principal Place of Business - No P.O. Box #  
29200 Northwestern Hwy  
Suite, Apt. #, etc.  
Suite 350

3. Mailing Address  
29200 Northwestern Hwy  
Suite, Apt. #, etc.  
Suite 350

City & State  
Southfield mi  
Zip  
48034  
Country  
Oakland

City & State  
Southfield mi  
Zip  
48034  
Country  
Oakland

4. FEI Number  
38-3238838  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Claudia L. Saari Asst. Secretary 2/7/07  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature Required When Applicable) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.183(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | CCEO                       | <input type="checkbox"/> Delete |
| NAME           | BERGIN, JOSEPH             |                                 |
| STREET ADDRESS | 586 CHASE LN.              |                                 |
| CITY-ST-ZIP    | BLOOMFIELD HILLS, MI 48009 |                                 |
| TITLE          | COO                        | <input type="checkbox"/> Delete |
| NAME           | BERGIN, MATTHEW            |                                 |
| STREET ADDRESS | 31756 ALLERTON             |                                 |
| CITY-ST-ZIP    | BEVERLY HILLS, MI 48025    |                                 |
| TITLE          | CFOT                       | <input type="checkbox"/> Delete |
| NAME           | BERGIN, NICOLA             |                                 |
| STREET ADDRESS | 586 CHASE LN.              |                                 |
| CITY-ST-ZIP    | BLOOMFIELD HILLS, MI 48009 |                                 |
| TITLE          | DS                         | <input type="checkbox"/> Delete |
| NAME           | WHITING, WILLIAM           |                                 |
| STREET ADDRESS | 1671 BEDFORD SQUARE, #208  |                                 |
| CITY-ST-ZIP    | ROCHESTER HILLS, MI 48308  |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |
| TITLE          |                            | <input type="checkbox"/> Delete |
| NAME           |                            |                                 |
| STREET ADDRESS |                            |                                 |
| CITY-ST-ZIP    |                            |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Matthew Bergin 2-7-2007  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

B. Mitchell